

COMPANY:

Date fees paid and all supplemental Documents received

Change of Location Marijuana Establishment Submittal Requirements

TYPE OF BUSINESS (refer to Section 5.12.040 of the Pueblo County Code): Please check all that apply:

- _____ MEDICAL MARIJUANA STORE # _____
- _____ MEDICAL MARIJUANA CULTIVATION # _____
- _____ MEDICAL MARIJUANA PRODUCTS MANUFACTURER # _____
- _____ MEDIACL MARIJUANA TESTING FACILITY # _____
- _____ MEDICAL MARIJUANA TRANSPORTER # _____
- _____ MEDICAL MARIJUANA BUSINESS OPERATOR # _____
- _____ RETAIL MARIJUANA STORE # _____
- _____ RETAIL MARIJUANA CULTIVATION # _____
- _____ RETAIL MARIJUANA PRODUCTS MANUFACTURER # _____
- _____ RETAIL MARIJUANA TESTING FACILITY # _____
- _____ RETAIL MARIJUANA TRANSPORTER # _____
- _____ RETAIL MARIJUANA BUSINESS OPERATOR # _____
- _____ MARIJUANA RESEARCH & DEVELOPMENT # _____

The following documents/information must be submitted with a local New Marijuana Establishment application and one full and complete copy of the State Application DR 8545 Report of Changes Application: this includes all supplemental documents required on the State checklist.

If requirements are duplicated, only one copy is necessary.

- A.** A letter authorizing an agent or representative to act on behalf of the business. If the owner of the business is NOT, the person submitting the application or documentation a letter drafted on company letterhead with the date and owner signature is required. If an attorney is representing the company a Letter of Appearance containing the Bar number is required.
- B.** Zoning Compliance Review for Marijuana (ZCRM) approval letter and **signed page 12** of Pueblo County Application completed by Planning and Development Staff.
- C.** Letter of approval from the Colorado Division of Water Resources at 719-543-3368 and a letter from water source.
- D. Proof of possession** of the premises for which application is made - Lease, rental agreement, other arrangement, or ownership. If the premise is owned by a Limited Liability Company or Corporation, please provide the Articles of Organization and Operating Agreement or By Laws.
- E.** Site plan of the entire property with the proposed licensed premises outlined in red on legible hard copy 11 x 17.

F. Plans and specifications for the interior of the licensed premises – **legible hard copy 11x17-** with dimensions for the entire proposed licensed premises including room dimensions, specific room use, and security cameras with DVR. Please refer to MED Rules M305 and M306 for medical establishments and/or R305 and 306 for retail establishments.

G. Fully executed Routing Sheet (Regional Building, Health Department, and Fire Department in the proposed jurisdiction) if the building is in existence **OR** item F **must be stamped by an architect or Engineer** if the structure is not in existence or is being renovated at the time of application. **YOU MUST SUBMIT THE ORIGINAL ROUTING SHEET.**

H. Payment of all Operating and Administrative Fees **PER LICENSE** (See the bottom of page 3 for payment instructions). **NOTE: ALL MEDICAL PAYMENTS MUST BE SEPERATE FROM RETAIL.**

I. Appointment to bring in documentation:
Email Tawnya Stringer at stringer@pueblounty.us or call 719-583-6100

Applicant’s Contact Information

Owner’s Contact Information

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Applicants may submit any other written information or documentation which it believes might help the licensing authority to make a determination that the Applicant and all persons associated with the Applicant who will be involved in any manner in the operation of the marijuana establishment meet the standards set forth in the Pueblo County Marijuana Licensing Regulations including specifically, but not limited to, the provisions of Section 5.12.070.

The Pueblo County Licensing Authority reserves the right to request additional information in the form of submittals or otherwise as part of its review and consideration of a license application.

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| Company Name: | |
| MEDICAL FEES ** | |
| MEDICAL MARIJUANA STORE (\$5000) | |
| MEDICAL MARIJUANA CULTIVATION (\$4000) | |
| MEDICAL MARIJUANA PRODUCTS MANUFACTURER (\$4000) | |
| MEDICAL MARIJUANA TESTING FACILITY (\$1500) | |
| MEDICAL MARIJUANA TRANSPORTER (\$4400- 2 YEARS) | |
| SUBTOTAL | |

| | | |
|--|----------------------------------|---------|
| RETAIL FEES ** | | |
| RETAIL MARIJUANA STORE (\$5000) | | |
| RETAIL MARIJUANA CULTIVATION (\$4000) | | |
| Tier 1: | 1-1,800 plant | \$1,500 |
| Tier 2: | 1,801-3,600 plants | \$2300 |
| Tier 3: | 3,601-6,000 plants | \$3000 |
| Tier 4: | 6,001- 10,200 plants | \$4500 |
| Tier 5: | 10,201-13,800 plants | \$6500 |
| Tier 5 Plus: | 3,600 plant increments | \$800 |
| | For each 3600 plants over Tier 5 | |
| RETAIL MARIJUANA PRODUCTS MANUFACTURER (\$4000) | | |
| RETAIL MARIJUANA TESTING FACILITY (\$1500) | | |
| RETAIL MARIJUANA TRANSPORTER (\$4400-2 YEARS) | | |
| SUBTOTAL | | |

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|---------------------|--|
| TOTALS | |
| MEDICAL FEES | |
| RETAIL FEES | |
| GRAND TOTAL | |

*LOCAL FEES PAID WITH **CASHIER'S CHECK, OR MONEY ORDER**

MADE PAYABLE TO PUEBLO COUNTY PLANNING & DEVELOPMENT.

(NOTE: ALL MEDICAL PAYMENTS MUST BE MADE SEPERATE FROM RETAIL PAYMENTS)

****NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED**