

I. Copy of all current State/Local Marijuana establishment licenses issued by the State of Colorado, for all operations in Pueblo County.

J. If a corporation, LLC, etc., a current Certificate of Good Standing, Articles of Organization and Operating Agreement (LLC), Articles of Incorporation and By Laws (Corporation) for ALL affiliated businesses.

K. Payment of all Fees **PER LICENSE**. If not renewing 45 days prior to Local license expiration include a letter from the owner(s) explaining why the renewal is being submitted late. A complete application must be accepted 45-days prior to the license expiration date or a late penalty fee of \$1000 per license will be assessed.

L. Appointment to bring in documentation: Email Tawnya Stringer stringer@pueblocounty.us or call 719-583-6100.

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 5.12.060.

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.

_____	Medical Marijuana Store	_____	Retail Marijuana Store
_____	Medical Marijuana Cultivation Facility	_____	Retail Cultivation Facility Tier (Tier fee per County Code)
_____	Medical Marijuana Products Manufacturer	_____	Retail Marijuana Products Manufacturer
_____	Medical Marijuana Transporter	_____	Retail Marijuana Transporter
_____	Medical Marijuana Testing Facility	_____	Retail Marijuana Testing Facility
_____	Medical Marijuana Business Operator	_____	Retail Marijuana Business Operator

**** All Local fees paid with Cashier's Check, or Money**

Order made to Pueblo County Planning & Development. **

(NOTE: ALL MEDICAL PAYMENTS MUST BE SEPARATE FROM REATIL)

NO PERSONAL OR BUSINESS CHECKS ACCEPTED

_____	MEDICAL MARIJUANA TOTAL
_____	RETAIL MARIJUANA TOTAL
_____	LATE PENALTY
_____	GRAND TOTAL

Applicant's Contact Information

Name: _____

Email: _____

Phone: _____

Owner's Contact Information

Name: _____

Email: _____

Phone: _____