



511 Colorado Avenue
Carbondale, Colorado 81623
www.carbondalegove.org

RETAIL MARIJUANA LICENSE APPLICATION

Date of Application: _____ Date Application Deemed Complete: _____

Date of Public Hearing: _____

To be scheduled within 45 days from date application deemed complete

This application is for the following Premises Location License Type (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Retail Marijuana Store | <input type="checkbox"/> Retail Marijuana Cultivation Facility* |
| <input type="checkbox"/> Retail Marijuana Products Manufacturing Facility* | <input type="checkbox"/> Retail Marijuana Testing Facility |
| <input type="checkbox"/> Transfer of Ownership (reallocation among current owners) | <input type="checkbox"/> Transfer of Ownership |
| <input type="checkbox"/> Testing Facility | <input type="checkbox"/> Modification/Alteration of Premises |
| <input type="checkbox"/> Change of Corporation or LLC Structure | <input type="checkbox"/> Transfer of Location |

*** Cultivation Facility and Marijuana Infused Products requires a Public Hearing before the Planning and Zoning Commission for a Special Use Permit**

Applicant is defined as the Legal Name of Individual or Business Entity that will hold license if approved.

Applicant is applying as (attach organizational documents):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Association or Other | |

Applicant Name: _____

Trade Name of Establishment (doing business as): _____

Applicant Contact Name (please print): _____

Address of Premises Location:

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

Business Mailing Address (if different from Premise location):

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

Business Phone: _____ Emergency Phone: _____

Business Email Address: _____ Website Address : _____

Town Sales Tax License No: _____ State Sales Tax License No.: _____

State Retail Marijuana License No.: _____

Local Residency Requirement Applicable to Licenses for Retail Marijuana Stores, Cultivation Facilities, and Product Manufacturing Facilities: The applicant seeking licensure must provide the Town of Carbondale with the name of an agent of the proposed licensee who will serve as a point of contact for the Town. Such agent shall hold at least a partial ownership interest in the retail marijuana store, cultivation facility, or products manufacturing facility and shall have a primary home (as the term is defined in Chapter 5.26) within the 81621, 81623, or 81601 Colorado zip codes. **THE AGENT LISTED BELOW MUST COMPLETE A RETAIL MARIJUANA BUSINESS LICENSE BACKGROUND CHECK AND MUST BE FINGERPRINTED by the Carbondale Police Department.**

| NAME | HOME ADDRESS, CITY, STATE, ZIP | DOB | POSITION | % OWNED |
|------|--------------------------------|-----|--------------|---------|
| | | | AGENT | |

The Applicant's Agent shall present for recording one (1) of the following forms of identification:

- An identification card issued in accordance with Section 42-2-302, C.R.S.;
- A valid Colorado driver's license;
- A United States military identification card;
- A valid passport; or
- An alien registration card.

Applicant **must list** any person having a financial interest in a retail marijuana business. If Applicant is a corporation, partnership, association or limited liability company, Applicant **must list** ALL OFFICERS, DIRECTORS, PARTNERS, MEMBERS AND MANAGING MEMBERS OF THE ENTITY, AS APPLICABLE TO THE PARTICULAR ENTITY, AS WELL AS EACH PERSONS HAVING A FINANCIAL INTEREST IN THE ENTITY. For purposes of this requirement and the following question regarding felony convictions, a "financial interest" means any ownership interest including, without limitation, a membership, directorship, officership or any creditor interest, whether or not such interest is evidenced by any written document.

ALL PERSONS LISTED BELOW MUST COMPLETE A RETAIL MARIJUANA BUSINESS LICENSE BACKGROUND CHECK AND MUST BE FINGERPRINTED by a Police Department. If necessary, provide additional information on a separate sheet.

| NAME | HOME ADDRESS, CITY, STATE, ZIP | DOB | POSITION | % OWNED |
|------|--------------------------------|-----|----------|---------|
| | | | | |
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| | | | | |
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The Applicant shall present for recording one (1) of the following forms of identification:

- An identification card issued in accordance with Section 42-2-302, C.R.S.;
- A valid Colorado driver's license;
- A valid driver's license containing a picture issued by another state;
- A United States military identification card;
- A valid passport; or
- An alien registration card.

Has any person listed above ever been convicted of a felony in a federal, state, or other court?

Yes No

If the answer is yes, please provide the following (if necessary, please provide additional information on a separate sheet):

| Name of Person | Name & Location of Court | Charge Convicted Of | Sentence | Date of Sentencing | Last Date of Incarceration/ Parole/Probation or Other Discharge of Sentence |
|----------------|--------------------------|---------------------|----------|--------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

Does the Applicant have legal possession of the premises for at least one (1) year from the date that this license will be issued by virtue of ownership, lease or other arrangement? Yes No

If the answer is yes, please provide proof of possession (i.e. lease, etc.)

Ownership Lease Other (explain in detail): _____

If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:

| Landlord | Tenant | Expires |
|----------|--------|---------|
| | | |

Building Owner's Mailing Address:

 Street Address City State Zip Code

Contact Phone Numbers: _____

Is this proposed premises to be licensed within 500 feet of any school or licensed child care facility?
 Yes No

Is this proposed premises to be licensed within 500 feet of any alcohol or drug treatment facility?
 Yes No

If this proposed premises is a retail marijuana store located on Main Street between 7th Street and Snowmass Drive, is the proposed retail marijuana store within 400 feet of another retail marijuana store?
 Yes No

Is this proposed premises location the only location that is affiliated with this business?
 Yes No

If there is another location associated with this business entity, please list all other premise location addresses both in and outside of the Town of Carbondale (e.g. all medical/retail marijuana centers, medical/retail cultivation operations and medical/retail marijuana-infused products manufacturing operations which operate in concert to form this business entity):

| Type of Business | Location (Street, City, State, Zip Code) |
|------------------|--|
| | |
| | |

Name of on-site manager for licensed premises: _____

Home Address:

 Street Address City State Zip Code

Business Cell Phone Number: _____

Email Address: _____

Driver's License Number: _____ Jurisdiction that issued Driver's License: _____

Who, besides the owners or other persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies), will loan or give money, inventory, or equipment to, or for use in, this business or will receive money from this business? If necessary, please provide additional information on a separate sheet.

| NAME | ADDRESS, CITY STATE, ZIP | DOB | % OWNED |
|------|--------------------------|-----|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Attach a summary list of all loans, notes and security instruments, gifts, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation. Executed and complete copies of same.

Please provide the names and addresses of any employee or proposed employees of the retail marijuana business. ALL PERSONS LISTED BELOW MUST COMPLETE A RETAIL MARIJUANA BUSINESS LICENSE BACKGROUND CHECK AND MUST BE FINGERPRINTED by a Police Department.

| NAME | ADDRESS, CITY, STATE, ZIP | DOB |
|------|---------------------------|-----|
| | | |
| | | |
| | | |

State the hours of operation (between 8:00 a.m. and 12:00 a.m. Mountain Standard Time) each day:

Monday _____ to _____ Friday _____ to _____
 Tuesday _____ to _____ Saturday _____ to _____
 Wednesday _____ to _____ Sunday _____ to _____
 Thursday _____ to _____

Will there be ANY remodeling or building alterations? Yes No

If YES, have you applied for a building permit? Yes No

Will you be installing a new sign or changing an existing sign? Yes No

If YES, have you applied for a sign permit? Yes No

Does the Applicant have a comprehensive business operating plan? Yes No

The business operating plan must be attached and contain, at a minimum the following:

- Lease
- Operating Agreement
- A description of the security provisions and systems which must include, at a minimum:
 - Security surveillance cameras installed and properly maintained to monitor each entrance along the interior and exterior of the premises to discourage crime and to facilitate the reporting of criminal acts as well as nuisance activities; security video shall be preserved in the manner and for the period of time set forth in the Colorado Marijuana Enforcement Division Rules, as amended from time to time;
 - Robbery and burglary alarm systems that are professionally monitored and maintained in good working condition;
 - Exterior lighting that illuminates the exterior walls of the business during evening hours and is compliant with Town Code;
 - A secure safe that is utilized for the purposes of storing cash and marijuana that is not then being actively cultivated when the business is not open; and
 - Locking systems for exterior doors that are designed and installed in such fashion as to deter unlawful entry and provide safe emergency egress.
- A description of all goods to be sold;
- An exterior lighting plan;
- A description of any cultivation activities within the marijuana business which includes, without limitation, the area in which plants will be grown, a description of the lighting system for the lighting system for cultivation, a description of the ventilation and odor filtration system for the premises, if any, and a description of the automatic fire suppression system, if any; and
- Any additional information that the Authority reasonably determines to be necessary in connection with the investigation, review and determination of the application.
- List and addresses of all residents and businesses located within 300 feet of facility. Note: Applicant must provide written notice of the public hearing to the list of businesses and residents at least 15 days prior to the public hearing.

Oath of Application

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge and belief. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Town of Carbondale Municipal Code and all Rules and Regulations which govern my Retail Marijuana License Application. **I further acknowledge that it is my responsibility to provide the Town with amendments to this application in the event that any information provided herein changes after the date of application.**

| Authorized Signature | Printed Name and Title | Date |
|----------------------|------------------------|------|
| | | |

FOR TOWN INTERNAL USE ONLY

Applicant Name: _____ Trade Name: _____

Premises Address:

Street Address _____ City _____ State _____ Zip Code _____

Finance Department (Date Applied for New Sales Tax License _____) Approved Denied

Basis for recommendation: _____

Police Department (Date Sent: _____) As to background check, business plan and operating characteristics for New License is recommended to be:

Approved Denied

Basis for recommendation: _____

Planning Department (Date Sent: _____) As to distance measurements, allowed zoning, signage for New License is recommended to be:

Approved Denied

Basis for recommendation: _____

Building Department (Date Sent: _____) As to building specifications (e.g. electrical, plumbing, structural) for New License is recommended to be:

Approved Denied

Basis for recommendation: _____

Town Manager (Date Sent: _____) As to completion and thorough departmental review of Application for New License is recommended to be:

Approved Denied

Basis for recommendation: _____

Clerk's Office

_____ New Medical Marijuana Business License: Type: _____

_____ Date Approved _____ Date Written Notice of Approval Sent

_____ Date Denied _____ Date Written Notice of Denial Sent

_____ Date of Premises Inspection Approval _____ License Issue Date _____ Expiration Date

FEE SCHEDULE

| Type | Amount |
|--|------------|
| Annual flat fee for all classes of licenses | \$2,000 |
| Criminal Background Check - Paid to the Colorado Bureau of Investigation | \$39.50/pp |
| Fingerprints | \$35/pp |
| Transfer of Ownership New Owner Applicants | \$2,000 |
| Transfer of Ownership (reallocation among current owners) | \$250 |
| Transfer of Location | \$750 |
| Modification/Alteration of Premises | \$150 |
| Annual License Renewal Fee | \$500 |
| Special Use Permit Application Fee | \$400 |