



Received:

**MEDICAL MARIJUANA (MMJ) BUSINESS LICENSE PERMIT APPLICATION AND REPORT OF CHANGES**

THIS APPLICATION MUST BE FULLY COMPLETE, WITH ALL REQUIRED ATTACHMENTS, and must be accompanied by the required application fee, payable to the City of Colorado Springs, in certified funds or money order only (see fee schedule).

**SECTION A: LICENSEE INFORMATION**

1. Name of Licensee (list Corporation/LLC/Partnership/Association/Sole Proprietor):			
2. Trade Name (DBA):			
3. <u>MAILING</u> Address:		City:	State: ZIP:
4. Business Phone:	Alternate Phone:	Email:	
5. Primary Contact Name:			Title:

**SECTION B: APPLICATION TYPE (Check one)**

Manager Registration – See Section C
  Change of Trade or Corporate Name – See Section E  
 Modification of Premises Permit– See Section D
  Duplicate License – See Section F

**SECTION C: MANAGER REGISTRATION** Licensees must report change of manager prior to the change.

**CURRENT PREMISES / BUSINESS LOCATION INFORMATION**

Type (Check all that apply):

Center
  Optional Premises Cultivation
  Infused Products Manufacturing
  Testing Facility

6. Location Address & Zip Code:	
7. Location Phone:	Alternate Phone:
8. Current State License #:	Current City License #:
9. Former Manager Name:	
10. NEW Manager Name:	Employment Date:
11. Business Phone:	Alternate Phone:
12. Financial Interest in License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Managed MMJ Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. If yes, Name and Location:	

**Attach the following:**

- Completed pages 5 and 6 of the City Medical Marijuana Business Application (Consent and Applicant Interview).
- Copy of completed MED Key License Application form DR8517, including copy of a government issued photo ID and lawful presence affidavit.

**NOTE:** The City Clerk's Office must authorize the required fingerprinting at the time of application submission with instructions for processing at the Colorado Springs Police Department (Police Operations Center only).

**Proceed to Section G - Oath of Licensee and Signature.**

**SECTION D: MODIFICATION OF PREMISES PERMIT APPLICATION**

Licensees may not modify or add to their licensed premises until approved by both Local and State authorities.

**CURRENT PREMISES / BUSINESS LOCATION INFORMATION**

Type (Check all that apply):

- 
- Center
- 
- Optional Premises Cultivation
- 
- Infused Products Manufacturing
- 
- Testing Facility

14. Location Address &amp; Zip Code:

15. Property Tax Schedule No. :

Zoning:

16. Registered Manager/Contact Name:

17. Location Phone:

Alternate Phone:

18. Current State License #(s):

Current City License #(s):

19. Describe the proposed change(s):

**Attach the following:**

- Any lease that is revised due to the modification or expansion, valid for at least the current licensing period (one year), including authorization of Medical Marijuana use.
- Detailed diagram of existing authorized premises (before) and diagram of proposed changes to the licensed premises (after) - see Rule 2.1.02(A)(10).
- Detailed statement/outline/description of requested MMJ infused processes, including hazardous or non-hazardous extractions intended/performed, or attach SOP general overview, as applicable.
- Copy MED form DR8545 to be filed with State with separate MED application for each individual license being modified. NOTE: MED requires proof of Local Authority approval with the submission of MED Modification of Premises application(s).

**Proceed to Section G - Oath of Licensee and Signature.****SECTION E: CHANGE OF TRADE NAME OR CORPORATION NAME**

Licensees must report change of Trade Name at least 10 days prior to change.

20.  Change of Trade Name / DBA Only

Previous Trade Name:

New Trade Name:

21.  Corporate Name Change (NOTE: If entity FEIN changed, use Change of Ownership Structure Application or Transfer of Ownership Application)

Previous Corporate Name:

New Corporate Name:

**Attach the following:**

- Copy of Amendment or Statement of Change filed with the Colorado Secretary of State.
- Certificate of Good Standing from the Colorado Secretary of State.
- Statement of Trade Name from the Colorado Secretary of State.
- Minutes of Corporate meeting, LLC Members meeting, Partnership agreement as applicable.
- Copy MED form DR8545 to be filed with State.

**Proceed to Section G - Oath of Licensee and Signature.**

**SECTION F: DUPLICATE CITY MEDICAL MARIJUANA BUSINESS LICENSE**

**CURRENT PREMISES / BUSINESS LOCATION INFORMATION**

Type (Check all that apply):

- Center
- Optional Premises Cultivation
- Infused Products Manufacturing
- Testing Facility

22. Licensed Premises Address & Zip Code:

23. Current State License #:

Current City License #:

24. Current State License #:

Current City License #:

25. Current State License #:

Current City License #:

26. Current State License #:

Current City License #:

Proceed to Section G - Oath of Licensee and Signature.

**SECTION G: OATH OF LICENSEE and SIGNATURE**

I, \_\_\_\_\_ (printed name), as the applicant or as an authorized agent, owner, officer, or manager for the applicant, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical Marijuana business license by the City of Colorado Springs (initial here) \_\_\_\_\_;
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of a Medical Marijuana business license application or revocation of the license, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant (initial here) \_\_\_\_\_;
3. I understand that the Medical Marijuana business must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes (initial here) \_\_\_\_\_;
4. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity (initial here) \_\_\_\_\_;
5. I further understand that failure to comply with any law, regulations, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.

\_\_\_\_\_  
Licensee Signature  
(owner/managing member/officer/director only)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE - FOR CITY CLERK OFFICE USE ONLY**

**REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY**

The foregoing application has been examined and the premises, business conducted, and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Article 10, C.R.S., as amended. THEREFORE THIS APPLICATION IS APPROVED.

<b>For The City of Colorado Springs</b>	Date filed with Local Authority:	
Signature	Title	Date

# MEDICAL MARIJUANA (MMJ) LICENSE APPLICATION

**AFFIRMATION AND CONSENT** (submit one for each officer, owner, and manager of business/location)

Business Trade Name (DBA): \_\_\_\_\_

I, \_\_\_\_\_ (printed name), as the applicant or as an authorized agent, officer, owner, or manager for the applicant, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical Marijuana business license by the City of Colorado Springs (initial here) \_\_\_\_\_;
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of a Medical Marijuana business license application or revocation of the license, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant (initial here) \_\_\_\_\_;
3. I consent to any background investigation necessary to determine my present and continuing suitability pursuant to State and City Medical Marijuana Code and Rules and Regulations which may include, but is not limited to, CBI and FBI investigations, and that this consent continues as long as I hold a Medical Marijuana business license (initial here) \_\_\_\_\_;
4. I understand that the Medical Marijuana business must maintain legal possession of the licensed premises at all times (initial here) \_\_\_\_\_;
5. I remit sales taxes in a timely manner on permitted retail sales of the business as required pursuant to Article 26 of Title 39, C.R.S. and City Code § 2.7.101, *et seq.* (initial here) \_\_\_\_\_;
6. I understand that I must apply with the City Clerk for any proposed changes to the information provided in this application as required pursuant to City and State Code, Rules, and Regulations (initial here) \_\_\_\_\_;
7. I understand that the Medical Marijuana business must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes (initial here) \_\_\_\_\_;
8. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity (initial here) \_\_\_\_\_;
9. I understand that by providing an email address above, I agree that the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by email to the email address provided (initial here) \_\_\_\_\_;
10. I understand and acknowledge that the City Clerk's Office may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application (initial here) \_\_\_\_\_;
11. I hereby state that I have read Article 10 of Title 44, C.R.S., as amended, and the regulations promulgated thereunder in 1 CCR 212-3, and the Code and Local Rules of Procedure of the City of Colorado Springs regarding general business licensing and Medical Marijuana business licensing and understand the contents thereof (initial here) \_\_\_\_\_;
12. I understand that any Medical Marijuana business license issued by the City of Colorado Springs is conditional, and must be annually renewed no less than forty five (45) days prior to the expiration date, unless earlier revoked or surrendered (initial here) \_\_\_\_\_; and
13. I understand that any Medical Marijuana license issued will not be valid in the event the City of Colorado Springs chooses to prohibit any or all classes of Medical Marijuana business license pursuant to C.R.S. §44-10-301(2)(a)(I) (initial here) \_\_\_\_\_.

I have read all of the above information and understand my responsibilities as a Medical Marijuana applicant, licensee owner, or manager. I further understand that failure to comply with any law, regulations, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.

Applicant Signature

Title

Date



# MEDICAL MARIJUANA LICENSE - APPLICANT INTERVIEW AND RELEASE

(Separate form required for each officer, owner, and manager of the business)

## CONFIDENTIAL

Pursuant to C.R.S. §44-10-307(4)

<b>1. TRADE NAME OF MMJ BUSINESS LICENSE APPLICATION</b>	<b>MMJ BUSINESS LOCATION ADDRESS</b>

<b>2. Full Individual Officer/Owner/Manager Name (first, middle, last):</b>		Any other name(s) by which you are known:	
Date of birth:	Place of birth:	SSN:	Driver License State and No. <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

State where Naturalized	Date of Naturalization	Name of District Court
Naturalization Certificate Number	Date of Certification	If an alien, give Alien Registration Card Number

<input type="checkbox"/> Male	<b>Phone Number</b>	<b>Email</b>	<b>Race</b>	<b>Height</b>	<b>Weight</b>	<b>Eyes</b>	<b>Hair</b>
<input type="checkbox"/> Female							

<b>3. RESIDENCE ADDRESS FOR THE PAST FIVE (5) YEARS (INCLUDE CITY, STATE, AND ZIP; ATTACH SUPPLEMENT IF NEEDED)</b>	
Current Full Address:	Dates:
Previous Address(es):	Dates:

<b>4. PERSONAL - FINANCIAL/BANK ACCOUNTS (INCLUDE NAME AND ADDRESS)</b>	
Name and Address of Institution:	Account No.

<b>5. BUSINESS - BANK NAME AND ACCOUNT NUMBER (AS APPLICABLE)</b>	
Name and Address of Institution::	Account No.

<b>6. PREVIOUS MEDICAL MARIJUANA BUSINESS LICENSE(S) HELD BY APPLICANT (IF APPLICABLE)</b>		
<b>NAME OF BUSINESS</b>	<b>ADDRESS</b>	<b>DATES</b>

7. Has the individual applicant ever received a violation notice, suspension, or revocation for any privileged license (i.e., Liquor, Gaming, Racing and Medical Marijuana) law violation, have charges pending, or has the applicant applied for or been denied a privileged license anywhere in the United States?

Yes  No If yes, attach explanation, date(s) and location(s).

8. Has the individual applicant **ever been convicted of a crime**, received a suspended sentence, a deferred sentence, or have charges pending?

Yes  No If yes, attach explanation, date(s) and location(s).

**By signing this document, I authorize the City of Colorado Springs to now and annually check for any pertinent criminal history which may include, but is not limited to, CBI and FBI investigations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Fingerprinted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Police Dept. / ID Tech. \_\_\_\_\_

**BACKGROUND INVESTIGATION – VNI ONLY**

- The Police Department **has** objections to the issuance of this Medical Marijuana business license.
- The Police Department **has no** objections to the issuance of this Medical Marijuana business license at this time.

	<b>PENDING</b>	<b>COMPLETED</b>	Date: _____	Detective/VNI : _____
<b>NCIC</b>			Date: _____	City Clerk's Office: _____
<b>CCIC</b>				
<b>CBI</b>				