



Received:

MEDICAL MARIJUANA (MMJ) BUSINESS LICENSE RENEWAL APPLICATION

(C.R.S. 44-10-314 and City of Colorado Springs Rule 2.1.09)

The **licensee** is responsible for ensuring that all filings are timely. **ALL** changes, modifications, and renewal applications are to be filed with the City Clerk's Office on forms provided by the City. Approximately 75 days prior to the expiration of the Medical Marijuana License(s), a renewal form will be mailed to you, the licensee, from the City of Colorado Springs to the mailing address on file. If a renewal form is not received from the City by 60 days prior to the expiration date, contact the City Clerk's Office for a copy of the mailed pre-populated renewal application, or download a blank application from the City Clerk's webpage: www.coloradosprings.gov/mmj.

This application for renewal must be returned to the City Clerk's Office at least 45 days prior to the expiration date of the current license(s) with applicable annual City MMJ license fees (see fee schedule). Include all completed pages of this renewal, required attachments, and payment for total fees due, payable by check or money orders only to the CITY OF COLORADO SPRINGS. Separate application for renewal of associated State licenses held with the Colorado Department of Revenue must be submitted directly to the Marijuana Enforcement Division.

Late renewal filings after 45 days prior to the expiration date are subject to the \$500 late fee per license, and may also result in administrative sanctions, fines, criminal charges and/or the license(s) not being renewed.

SECTION A: LICENSEE INFORMATION			
1. Name of Licensee (list Corporation/LLC/Partnership/Association/Sole Proprietor):			
2. Trade Name (DBA):			
3. MAILING Address:		City:	State: ZIP:
4. City Sales Tax Number:	Business Phone:	Alternate Phone:	
5. Colorado SOS Entity ID:		FEIN:	
6. Email:		Website:	
7. Primary Contact Name:		Title:	

8. - Within the last 12 months, have there been any changes in financial interest, company ownership or officer structure, additional loans or funding, or changes in any registered manager(s) that have not been reported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, contact the City Clerk's Office immediately and file application for changes.
9. - Within the last 12 months, has the applicant made any modifications to any listed MMJ facility or processes that have not been reported, including any OPC Centralized Distribution Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, contact the City Clerk's Office immediately and file application for changes.
10. - Within the last 12 months, has the applicant received a violation notice, suspension, or revocation of 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation, including date(s), location(s), and status or resolution.
11. - Is the applicant, any partners, any officers, any stockholders, directors, or managers of said applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere, including City Sales Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach detailed explanation and any documents to prove settlement or resolution.

12. - Within the last 12 months, has the applicant, any partners, any officers, any stockholders, directors, or managers of said applicant been convicted of any crime, or convicted of any privileged license (i.e., Liquor, Gaming, Racing and Medical Marijuana) violation(s)?
 Yes No If yes, attach explanation, including date(s) and location(s).

13. - Does the licensee have legal possession of each of the premises for which the renewal application for license is made?
 Yes No Owned or Rented: _____ If rented, list all premises lease expiration dates (min 1 year) by location: _____

14. - Since the last annual application, have there been any changes to the legal possession of the premises by virtue of ownership, lease renewal, amendment or other arrangement?
 Yes No If yes, attach all NEW or UPDATED documentation showing current legal possession for each listed licensed location.

15. For Medical Marijuana Cultivation Facilities only, do you perform cold water (H₂O) extractions? Yes No
 For Medical Marijuana Cultivation Facilities only, do you have a Centralized Distribution Permit? Yes No

16. For Medical Marijuana Product Manufacturing (MIP) Facilities only, check one:
 Hazardous (MIP-HZ): Any MIP location that presents fire and life safety risks by utilizing oil extraction processes through the use of pressurized flammable gas, flammable or combustible liquids, and other processes. Examples of MIP-HZ classifications may include but are not limited to the use of Butane, Propane, Acetone, Naptha, Alcohol, etc., during the manufacture process.
 Non-Hazardous (MIP-NH): Any MIP location that does not exceed reasonable fire and life safety risks, or does not otherwise meet the definition of a MIP-HZ. Examples of MIP-NH classifications may include but are not limited to the use of super/subcritical CO₂ extraction processes, cooking or baking facilities.

17. For Medical Marijuana Product Manufacturing Facilities, what type of extractions do you perform?
 Butane (C₄H₁₀) Propane (C₃H₈) Carbon Dioxide (CO₂) Ethanol (C₂H₆O) Heptane (C₇H₁₆)
 Isopropanol (C₃H₈O) Acetone (C₃H₆O) Other: _____ None

SECTION B: LICENSED LOCATION INFORMATION (see updated fee schedule at www.coloradosprings.gov/mmj)
 List only City MMJ licenses and locations owned by Licensee requesting renewal at this time

City License #	Associated State #	License Type	License Location	Expires	City License Fee

DUE DATE: _____ (45 days prior to expiration date) **TOTAL DUE \$** _____
(NOTICE: renewal filings after this date are subject to the \$500 late fee per license)

Patient and Plant Count Information:
 (Attach supplemental listing/chart as needed plus copy of metro[®] Facility Metrics Report for all listed licenses)

MMC License #: _____ Current Valid Patient Count: _____

MMC License #: _____ Current Valid Patient Count: _____

CULTIVATION PLANT COUNT: OPC License #: _____ Class: _____ Actual Count: _____

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See list of required attachments to CITY MMJ renewal application on page 4
 All Medical Marijuana Business License and Application Fees are payable to the City of Colorado Springs in check or money orders only. Remit this Renewal Application, required attachments, and payment to the City Clerk's Office at the address below (by mail or in person), no later than 45 days prior to expiration date.

SECTION C: MMJ RENEWAL APPLICATION AFFIRMATION OF LICENSEE

I, _____ (printed name), as the licensee or as an authorized agent, owner, officer, or manager for the licensee, 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 the 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 this renewal application is for the licenses issued and held with the City of Colorado Springs, and I will make separate, timely application for renewal with the Medical Marijuana Enforcement Division for licenses issued and held with the Colorado Department of Revenue (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.

Authorized Licensee Agent Signature

Title (owner/member/officer/director)

Date

Required Attachments to CITY MMJ Renewal Application:

- Copy of current Facility Metrics Report from metrc® for each license plus any required attachments or statements from listed questions as applicable (violations, delinquencies, lease, patient & plant count for multiple locations, etc.).
- Copy of current Certificate of Fact of Good Standing from Colorado Secretary of State.
- Copy of current Employee List (with MED badge numbers) for each licensed location, specifying the authorized Registered Manager(s) for each location. MMC locations must have separate and distinct Managers registered with the City, and any person that meets the definition of “Managing Agent” in City Code 2.1.304 (posted online at www.coloradosprings.gov/mmj) is required to be registered as a manager, with a background check performed by the City.
- Copy of most recent/current Colorado Springs Fire Department (CSFD) annual inspection report (including verification of CSFD hazardous or non-hazardous designation as applicable), along with proof of CSFD invoice payment.
- Copy of current detailed statement/outline/description of MMJ infused processes, including hazardous or non-hazardous extractions performed, or attach SOP general overview (as applicable).
- Copy of current valid City Sales Tax License (MMC) and Resale Certificate (OPC & MIP) for each listed MMJ license.
- Copy of current valid State Sales Tax (MMC) and Wholesale Tax Licenses (OPC & MIP) for each listed MMJ license.
- Copy of current associated MED license(s) for each listed City MMJ license.
- Copy of Pages 1-4 of DR8529 MED renewal application to be submitted for each associated City MMJ license listed.
- Copy of current licensee ownership organizational flowchart outlining all classes, types, and levels of ownership.

NOTE: After submission of this renewal application, City MMJ license(s) cannot be renewed without required submission of proof of MED renewal application *prior to expiration* with copies of continuation letters for each associated MED license.

Important Payment Information:

All Medical Marijuana Business License and application fees are payable to the City of Colorado Springs by check or money orders only (no cash). Checks will only be accepted in the name(s) of the individual(s) or business entity which has an ownership interest in the licensee. No third party checks will be accepted. Checks returned for insufficient funds will be treated as an incomplete application, and may incur late fees. Remit this Renewal Application, required attachments, and total payment due (see Fee Schedule) to the City Clerk's Office at the address below (by mail or in person), no later than 45 days prior to expiration date.

Office of the City Clerk

30 South Nevada Avenue, Suite 101, Colorado Springs, CO 80903

Reminder of Required Postings:

All required licenses must remain in full force and effect at all times, and are required to be posted at each Medical Marijuana licensed premises, and for MMCs in a manner that is visible and conspicuous to the public.

• Valid State MMJ License(s)	• Valid City MMJ License(s)
• Valid State Sales and Wholesale Tax Licenses	• Valid City Sales Tax License and Resale Certificates
• Other required licenses/permits as applicable (Certificate of Occupancy, Hazardous Materials, Scale Certs)	
• Other required signage/postings as applicable (Restricted/Limited/DVR Access)	

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 are satisfactory, and we do report that such license, if granted, will comply with the applicable provisions of Title 44, Article 10, C.R.S., as amended. **THEREFORE, THIS APPLICATION IS APPROVED**

For The City of Colorado Springs	Date filed with Local Authority:	
Signature	Title	Date