

**received**  
9-1-22



**Archuleta County  
Local Licensing Authority**  
398 Lewis Street  
P.O. Box 1507  
Pagosa Springs, CO 81147  
(970) 264-8401

**APPLICATION FOR MARIJUANA BUSINESS**

- NEW LICENSE
- MODIFICATION

LICENSE RENEWAL  
403R-00346

**A SEPARATE LICENSE APPLICATION IS REQUIRED FOR EACH LICENSE TYPE**

<input type="checkbox"/>	Medical Center License
<input type="checkbox"/>	Medical Center and Cultivation License
<input type="checkbox"/>	Medical Marijuana-Infused Product Manufacturer
<input type="checkbox"/>	

<input type="checkbox"/>	Retail Center License
<input checked="" type="checkbox"/>	Retail Optional Premises Cultivation License
<input type="checkbox"/>	Retail Store and Cultivation License
<input type="checkbox"/>	Retail Marijuana-Infused Product Manufacturer

**Applicant is applying as:**

**Documents to be submitted by type of entity:**

<input checked="" type="checkbox"/>	Corporation*	<input checked="" type="checkbox"/> Certificate of Incorporation
<input type="checkbox"/>	Partnership*	<input type="checkbox"/> Partnership agreement <input type="checkbox"/> Husband and Wife Partnership (no written agreement)
<input type="checkbox"/>	Limited Liability Company*	<input type="checkbox"/> Articles of Organization <input type="checkbox"/> Operating Agreement
<input type="checkbox"/>	Sole Proprietorship**	
<input type="checkbox"/>	Other:	Attach copy of agreements creating association or relationship between the parties.

\*Certificate of Good Standing or Statement of Trade Named filed with the Colorado Secretary of State

\*\*Sole Proprietorship (Individual) requires Verification of Lawful Presence per State Law (Signed Affidavit and Photo ID)

**BUSINESS INFORMATION**

Applicant's Legal Business Name/Trade Name (DBA) J and J Enterprises, Inc dba. Pagosa Therapeutics		12 Digit Parcel ID Number 5699 2030 3013	Zone District Commercial
Street Address of Business 354 Bastille Dr Pagosa Springs, CO 81147		Business Phone Number ( 970 ) 731-2970	
Mailing Address P.O. Box 5843	City Pagosa Springs	State Colorado	Zip 81147

**PRIMARY CONTACT PERSON**

Primary Contact Person for Business Jeremy Bonin	Primary Contact Phone Number ( 970 ) 731-2970	Primary Contact Cell Number ( [REDACTED] )	
Primary Contact Email Address jbonin@jandjinc.net			
Primary Contact Address [REDACTED]	City Pagosa Springs	State CO	Zip 811447

**STATE MARIJUANA LICENSE NUMBERS****Medical Marijuana Center Number:** \_\_\_\_\_**Retail Marijuana Center Number:** 402R-00263, 402R-00534, 402R-00829**Medical Optional Premises Cultivation Number:** \_\_\_\_\_**Retail Optional Premises Cultivation Number:** 403R-00346, 403R-00955**Medical Infused Products Number:** \_\_\_\_\_**Retail Infused Products Number:** \_\_\_\_\_

Does the Applicant, as listed on Page 1 of this application, have legal possession of the premises for at least 1 year from the date that this license will be issued by virtue of ownership, lease or other arrangement?		Yes x	No
<input type="checkbox"/> Own	<input checked="" type="checkbox"/> Lease	<input type="checkbox"/> Other	
If leased, list the name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease			
Landlord 354 Bastille LLC	Tenant J and J Enterprises	Expires 3/31/26	
Does the Applicant propose to have food for retail sale at this location?		Yes	No x
If yes, describe the items:			

For the Retail Marijuana Optional Premises Cultivation facilities, do you perform cold water extractions?	Yes	No x
For the Retail Marijuana Infused Product Manufacturer facilities, what type(s) of extraction do you perform?		
<input type="checkbox"/> Butane <input type="checkbox"/> Propane <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Ethanol <input type="checkbox"/> None <input type="checkbox"/> Isopropanol <input type="checkbox"/> Acetone <input type="checkbox"/> Heptane <input type="checkbox"/> Other: _____		

**CHANGE TRADE NAME OR CORPORATE NAME/STRUCTURE**

<input type="checkbox"/> Change of Trade Name / DBA only (attach the following supporting documents) <ul style="list-style-type: none"> <li>1. Statement of Trade Name filed with the Secretary of State.</li> </ul>	
<input type="checkbox"/> Corporate Name/Structure Change (attach the following supporting documents) <ul style="list-style-type: none"> <li>1. Certificate of Amendment filed with the Secretary of State, or</li> <li>2. Statement of Change filed with the Secretary of State,</li> <li>3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement, <u>and</u></li> <li>4. Operating Agreement.</li> </ul>	
Old Trade Name	New Trade Name

## MODIFICATION OF PREMISES

Note: Licensees may not modify or add to their licensed premises until approved by State and Local Authority

Describe change proposed:

N/A

Is the proposed change in compliance with local building codes and zoning regulations?

Yes

No

**Attach the following supporting documents:**

- A floor plan of the current licensed premises, drawn to scale on 8-1/2 x 14" or 11x17" paper, showing the layout of the dispensary and the principal uses of the floor area including a depiction of where any services other than the dispensing of marijuana are proposed to occur on the licensed premises. The plan must also indicate separation of those areas open to non-patrons, and the location of the steel or solid wood door and any safes as well as any doors or windows.
- Lease that is revised due to the modification.
- Planning/Zone Confirmation Form
- Building Code Confirmation Form
- Fire Code Confirmation Form
- San Juan Basin Health Department Approval

All Applicants for a Retail and/or Medical Marijuana Business Establishment in Archuleta County are responsible for understanding Archuleta County Ordinance Numbers 11-2013 and 13-2015, enabling the operation of certain operations pursuant to and consistent with Article XVII, Section 14 of the Colorado Constitution and all other applicable State laws.

I declare, under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

Applicant Signature

Applicant Title

Date

Jeremy Bonin / President

Received By

Title

Date

Mary Helminski

Exec Asst. / Paralegal

9-1-22



## Renewal Application Information

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### Renewal Application Instructions and Checklist

Answer every question. If a question doesn't apply, indicate with an N/A. All renewals should be submitted prior to expiration.

The disclosure requirements and the main application must be completed in full by all applicants. If this renewal includes a PTC, QPF, or QII, the appropriate addendum must also be completed.

**NOTE:** There is no longer a grace period for the renewal of RMB licenses. If your license expires, you will need to cease operations and reapply for a new RMB license and pay all required fees.

See fee table on website: [www.colorado.gov/revenue/med](http://www.colorado.gov/revenue/med)

### All Forms Signed & Attached

Each of the following forms must be completed and signed by a CBO of the RMB and included with the application:

- Affirmation & Consent
- Tax Check Authorization
- Investigation Authorization/Authorization to Release Information
- Applicant's Request to Release Information
- Affirmation of Reasonable Care
- Upon request by the Division, an Applicant must provide additional information or documents required to process and investigate the application, within seven (7) days of the request. Please note: This deadline may be extended for a period of time commensurate with the scope of the request.

Please go [here](#) for the affidavits and release packet each owner will need to fill out and sign.

## Business Information

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Applicant's Legal Business Name : J and J ENTERPRISES INC

License Number : 403R-00346

License Type : Retail Marijuana Cultivation Facility

License Expiration Date : 09/02/2022

Choose the type of grow if renewing a cultivation.

Indoor, Outdoor or Mixed :

List all Registered Trade names here. If you do not have a trade name, please put N/A.

Trade Name(s) (DBA) :

Federal Taxpayer ID (FEIN) : 901004046

Colorado Sales Tax License # : 30837244

Name of Registered Agent : Jeremy Bonin

Ownership Type : Corporation

## Physical Address

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Street Address of Marijuana Business : 354 Bastille Drive

City : Pagosa Springs

County : Archuleta

State : Colorado - CO

ZIP : 81147

Country : United States

Phone Number : 9707312970

Business Email : admin@jandjinc.net

## Mailing Address

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Mailing Address (include suite or apt. #) : PO Box 5843

City : Pagosa Springs

County : Archuleta

State : Colorado - CO

Zip : 81147

Country : United States

## Primary Contact Person

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Primary Contact Person for Business (Full name) : Andrew Dwayne Baird

Phone Number : 

Email : admin@jandjinc.net

## Questions

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Is the licensee (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) under the age of twenty-one years?

Yes/No : No

Has the applicant or any business entity owned by the applicant, ever owned or applied for a Marijuana license in this or any other jurisdiction, foreign or domestic?

Yes/No : Yes

If yes, has it been subject to any of the following actions since the last renewal: (1) denial; (2) surrender; (3) order to show cause; (4) suspension; (5) fine; (6) revocation; (7) stipulation or settlement; (8) withdrawn.

Field6-17 : No

Please attach any applicable supporting documents (.HEIC file extension NOT supported).

SupportingDocumentation:

Do you have legal possession of the licensed premises?

Yes/No : Yes

In the past year, has the licensee (including all parent or subsidiary companies, if any) had a tax lien filed against it, or become delinquent in the payment or fling of any judgments, taxes, interest or penalties owed to the State of Colorado.

Yes/No : No

In the past year, has the licensee (including all parent or subsidiary companies, if any), been indicted, served with a criminal summons, charged with or convicted of ANY crime or offense in any manner? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty.

Yes/No : No

Within the last 12 months, has there been a change in ownership or ownership allocation, a transfer of stock, a change in the incorporation or in the corporate by-laws, or any other change affecting ownership or organizational structure of the licensee or its subsidiaries/affiliates?

Yes/No : No

## Ownership Structure

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List Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, managers and any other individual that Controls the RMB.

Corporate Owners:

Is the Owner a Natural Person? : Yes

If the owner is a Person, enter the name below.

First Name : Jeremy

Middle Name : Douglas

Last Name : Bonin

Business Associated With : J and J Enterprises, Inc

Ownership Percentage in Controlling Entity/Parent Company : 50%

Ownership Percentage in Applicant :

Is the Owner a Natural Person? : Yes

If the owner is a Person, enter the name below.

First Name : Jason

Middle Name : Bryce

Last Name : Werby

Business Associated With : J and J Enterprises, Inc

Ownership Percentage in Controlling Entity/Parent Company : 50%

Ownership Percentage in Applicant :

Upload affirmation and release packet(s) here for at least one Controlling Beneficial Owner (.HEIC file extension NOT supported).

affirmationpacket:

Scan2022-07-27\_121007 (1).pdf

Are there any outstanding options, warrants or contracts, that may be exercised into an Owner's Interest in the RMB within the next 60 days that would constitute a CBO?

Yes/No : No

Are there any other Persons, other than those listed in the Ownership Structure, that can control the RMB?

Yes/No : No

Are any owners renewing their Owners Licenses with this application?

Yes/No : No

Has the applicant exercised reasonable care to confirm that its CBO's, PBO's (that are Non-Objecting PBO's), Qualified Institutional investors and Indirect Financial Interest Holders are NOT Person(s) prohibited under Section C.R.S. 44-10-307? (Publicly Traded Companies excluded)

Yes/No : Yes

Have any CBO's been removed or moved to PBO ownership status since the prior application?

Yes/No : No



OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

J and J Enterprises Inc

is a

Corporation

formed or registered on 07/11/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131401857 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/02/2022 that have been posted, and by documents delivered to this office electronically through 09/06/2022 @ 10:42:32 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/06/2022 @ 10:42:32 in accordance with applicable law. This certificate is assigned Confirmation Number 14292508 .



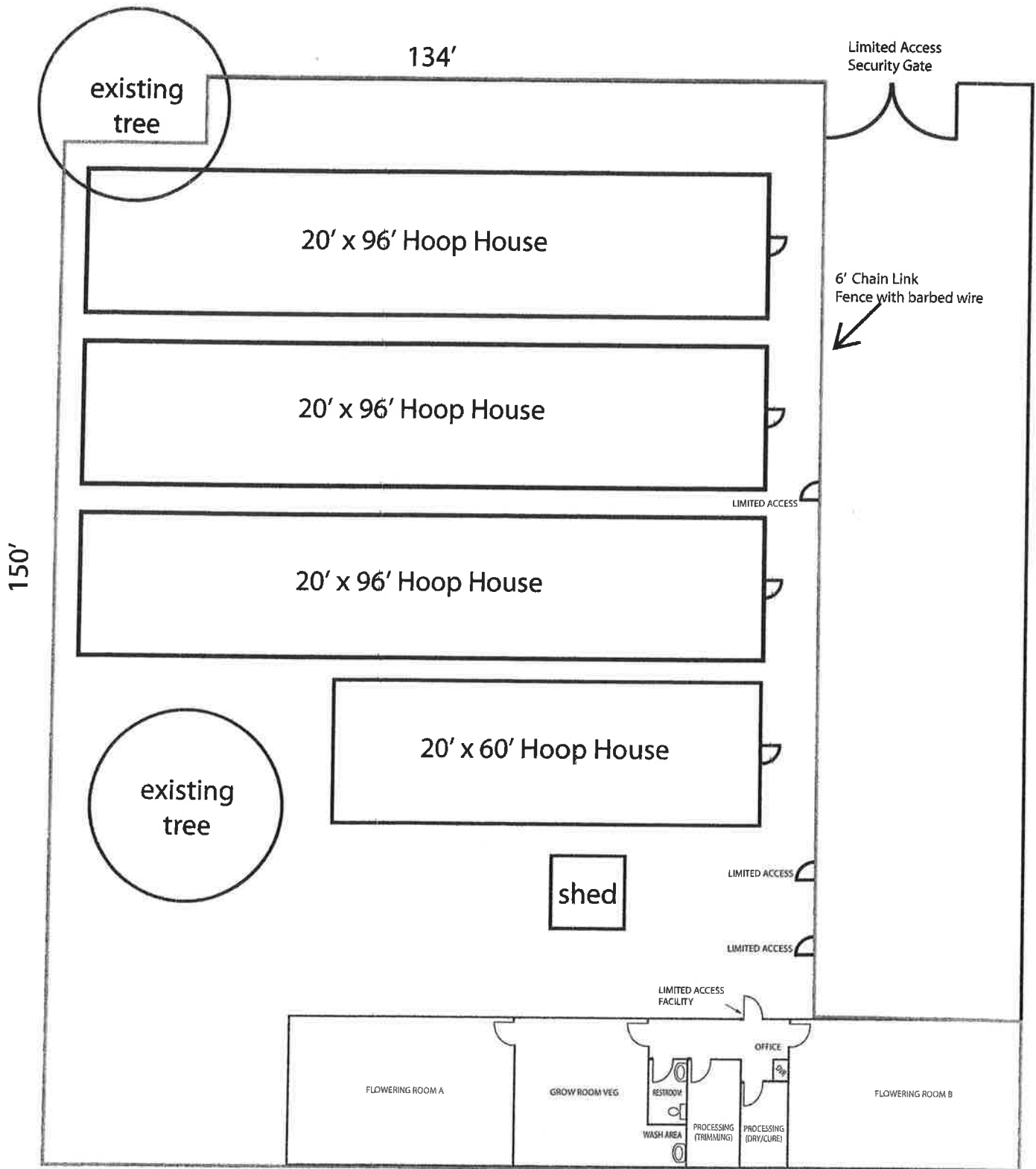
Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

# 354 Bastille Site Plan

Pagosa Therapeutics Lic# 403R-00346 OPC



354 Bastille Dr. Pagosa Springs, CO 81147

**WAIVER AND RELEASE OF LIABILITY  
AND  
AGREEMENT TO INDEMNIFY ARCHULETA COUNTY**

**Release of Archuleta County From Liability to License Applicant and Licensee**

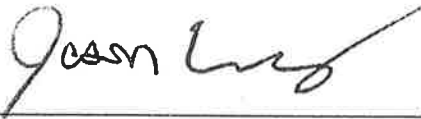
By applying for a license pursuant to the Colorado Medical Marijuana Code (CRS §12-43.3-101, et seq.) and/or the Colorado Retail Marijuana Code (C.R.S. § 12-43.4-101, et seq.), and (if it is approved and issued) by accepting a license, from the Archuleta County Board of County Commissioners acting as the Archuleta County Local Licensing Authority, the applicant/licensee, and each of them, waives and releases Archuleta County, and its elected officials, employees, agents, insurers and attorneys, and each of them, from any liability for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees, clients or customers of the applicant/licensee for a violation of state or federal laws, rules or regulations relating to marijuana.

**Agreement to Indemnify Archuleta County**

By applying for a license pursuant to the Colorado Medical Marijuana Code (CRS §12-43.3-101, et seq.) and/or the Colorado Retail Marijuana Code (C.R.S. § 12-43.4-101, et seq.), and (if it is approved and issued) by accepting a license, from the Archuleta County Board of County Commissioners acting as the Archuleta County Local Licensing Authority, the applicant/licensee, and each of them, jointly and severally if more than one, agrees to indemnify, defend and hold harmless Archuleta County, and its elected officials, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the medical marijuana business that is the subject of the license.

THE UNDERSIGNED AGREES TO THE RELEASE AND AGREEMENT ABOVE.

Signed on 8/25/22

  
\_\_\_\_\_  
Applicant



**WAIVER AND RELEASE OF LIABILITY  
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Signed on

8/25/22



\_\_\_\_\_  
Applicant

