

received
8-23-23



**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
402R-00263

A SEPARATE LICENSE APPLICATION IS REQUIRED FOR EACH LICENSE TYPE

<input type="checkbox"/> Medical Center License	<input checked="" type="checkbox"/> Retail Center License
<input type="checkbox"/> Medical Center and Cultivation License	<input type="checkbox"/> Retail Optional Premises Cultivation License
<input type="checkbox"/> Medical Marijuana-Infused Product Manufacturer	<input type="checkbox"/> Retail Store and Cultivation License
<input type="checkbox"/>	<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 4010	Zone District Commercial
Street Address of Business 235 Bastille Dr. Pagosa Springs, CO 81147		Business Phone Number (970) 731-4420	
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 81147
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-00955, 403R-00346 _____			
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 235 Bastille LLC	Tenant J and J Enterprises, Inc	Expires 5/31/27	
Does the Applicant propose to have food for retail sale at this location?		Yes x	No
If yes, describe the items: We will be selling pre-packaged and tested marijuana food products, all Colorado MED Retail Compliant.			

For the Retail Marijuana Optional Premises Cultivation facilities, do you perform cold water extractions? N/A	Yes	No
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: _____ n/a		

CHANGE TRADE NAME OR CORPORATE NAME/STRUCTURE

<input type="checkbox"/> Change of Trade Name / DBA only (attach the following supporting documents) <ol style="list-style-type: none"> Statement of Trade Name filed with the Secretary of State. 	
<input type="checkbox"/> Corporate Name/Structure Change (attach the following supporting documents) <ol style="list-style-type: none"> Certificate of Amendment filed with the Secretary of State, or Statement of Change filed with the Secretary of State, Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement, <u>and</u> Operating Agreement. 	
n/a	
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: <div style="text-align: center; margin-top: 20px;">N/A</div>

Is the proposed change in compliance with local building codes and zoning regulations?	Yes	No
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<p>Attach the following supporting documents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Lease that is revised due to the modification. <input type="checkbox"/> Planning/Zone Confirmation Form <input type="checkbox"/> Building Code Confirmation Form <input type="checkbox"/> Fire Code Confirmation Form <input type="checkbox"/> San Juan Basin Health Department Approval
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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 Jeremy Bonin / President	Date 8/23/23
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Received By 	Title Exec Assistant	Date 8/23/23
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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 08/21/2023 that have been posted, and by documents delivered to this office electronically through 08/23/2023 @ 13:41:21 .

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 08/23/2023 @ 13:41:21 in accordance with applicable law. This certificate is assigned Confirmation Number 15259970 .



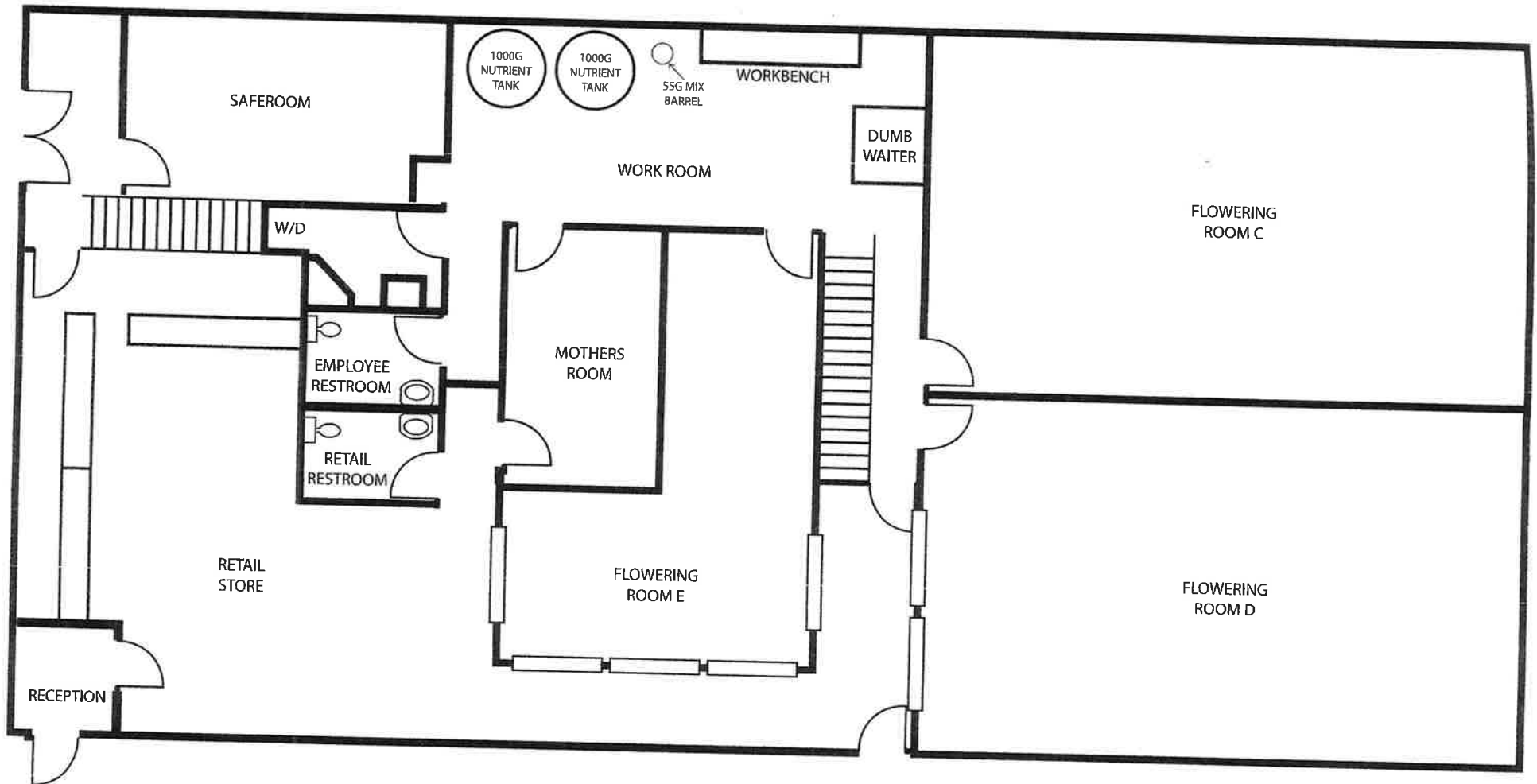
Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's website 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 website, <https://www.coloradosos.gov/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 website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

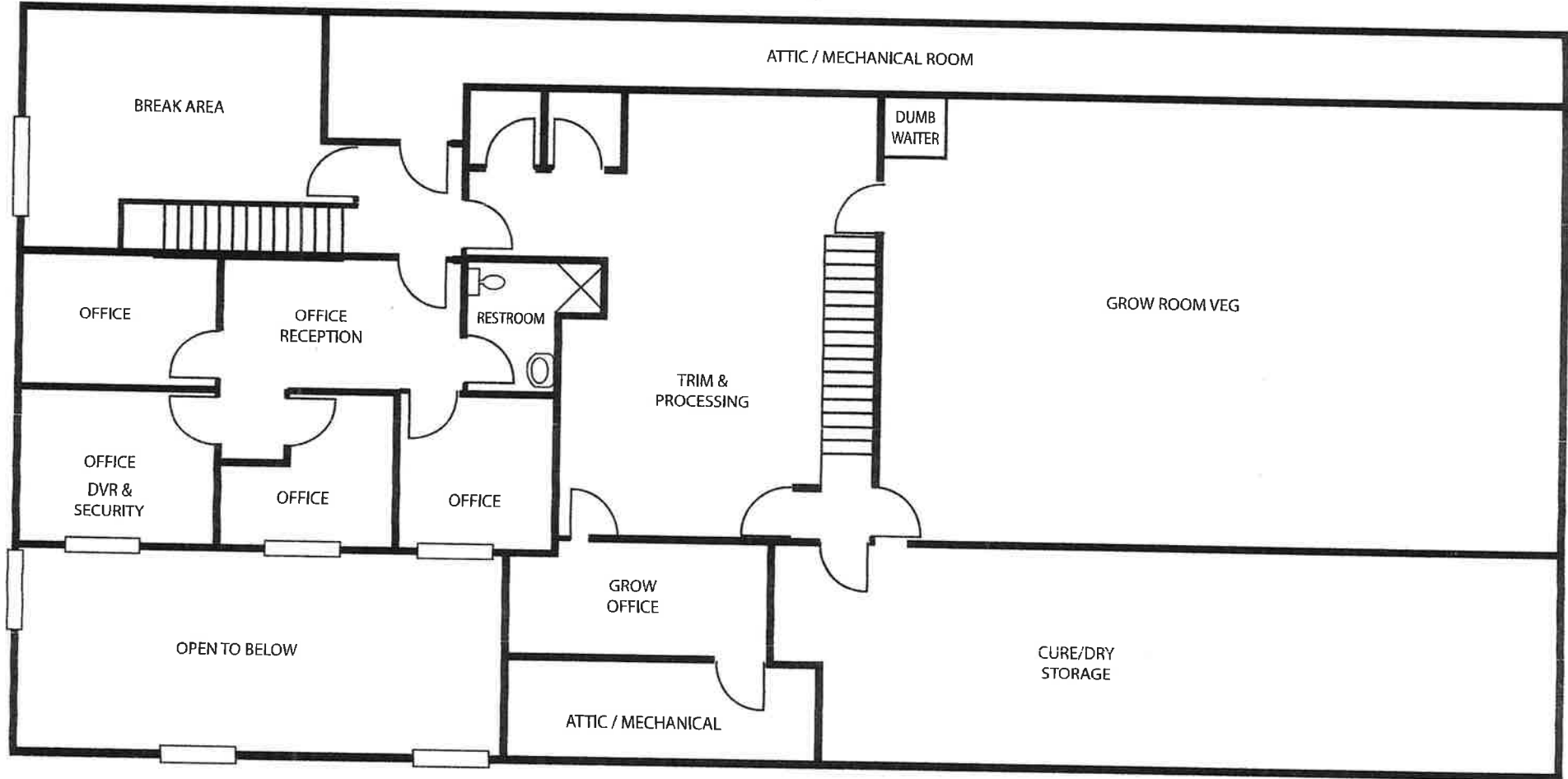
235 Bastille Dr. Pagosa Springs, CO 81147

Pagosa Therapeutics/Random Precision Floor Plan FIRST FLOOR



235 Bastille Dr. Pagosa Springs, CO 81147

Pagosa Therapeutics/Random Precision Floor Plan SECOND FLOOR



REC GROW LIC# 403R-00955

PT REC LIC# 402R-00263

Renewal Application Information

At this time, Social Equity Fees cannot be paid when utilizing online application submission. Please use the hard copy applications, which can be dropped off or mailed to the MED Lakewood office, or an appointment can be made to submit the application in person at the MED Lakewood office.

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, QII, or Mobile Hospitality, 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.

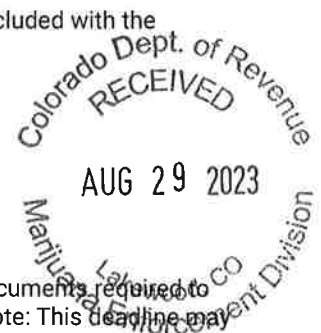
See fee table on website: www.colorado.gov/revenue/med

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 (only use this if more than one owner.)



Business Information

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

License Number : 402R-00263

License Type : Retail Marijuana Store

License Expiration Date : 09/02/2023

Choose the type of grow if renewing a cultivation.

Indoor, Outdoor or Mixed :

If renewing a hospitality business, choose additional type below, (if applicable).

Mobile, etc. :

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

Trade Name(s) (DBA) : Pagosa Therapeutics

Federal Taxpayer ID (FEIN) : 901004046

Colorado Sales Tax License # : 29981376-0001

Name of Registered Agent : Jeremy Bonin

Ownership Type : Corporation

Physical Address

Street Address of Marijuana Business : 235 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

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

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

Phone Number : (970)-946-8537

Email : admin@jandjinc.net

Questions

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 : Yes

If yes, provide details

Details : CASE NO 20160034, We paid a \$2000 fine for using a pesticide not according to the label directions. We have not used the mentioned pesticide in several years

Please attach any applicable supporting documents.

SupportingDocumentation:

CO Dept of Law Case 20190034.pdf

Case No 20190034 (pesticide) (1).pdf

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 filing 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

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:

affirmationpacket:

Affirmation and Release Packet for Pagosa Therapeutics.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

**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.

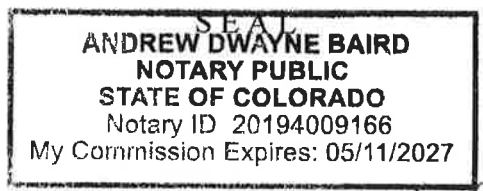
Signed on 8/29/23




Applicant

STATE OF COLORADO)
)
COUNTY OF ARCHULETA) ss.

The foregoing instrument was acknowledged before me this 23 day of August,
2023, by Jeremy Bonin, in their capacity as President
of J and J Enterprises




Notary Public

My Commission Expires: 5/11/27

STATE COUNTY COUNTY
 COLORADO ARCHULETA ARCHULETA

Must collect taxes for:
SALES TAX LICENSE

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	industry	type	liability date	month	day	year	
29981376-0001	48	0012	004	C	090117	Jan	03	22	2023

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION IN A CONSPICUOUS PLACE: PAGOSA THERAPEUTICS
 235 BASTILLE DR PAGOSA SPRINGS CO 81147-8322

THIS LICENSE IS NOT TRANSFERABLE



PAGOSA THERAPEUTICS
 PO BOX 5843
 PAGOSA SPRINGS CO 81147-5843

Executive Director
 Department of Revenue

Letter Id: L2049777120

▲ Detach Here ▲
IMPORTANT INFORMATION

Now that you have your license, here's what you need to know:

- Use the letter ID above and go to Colorado.gov/RevenueOnline to set up your online access, manage your account, file electronic returns and submit payments. Paper returns will NOT be mailed to you.
- Both your sales tax return AND payments are due by the 20th day of the month following the end date of the reporting period in order to avoid any penalty and/or interest. Be sure you know what your filing frequency is in order to avoid missing due dates.
 - *Monthly filer* due dates: On the 20th day of the month following the reporting period end date.
 - *Quarterly filer* due dates: April 20th, July 20th, October 20th and January 20th.
 - *Annual filer* due dates: January 20th following the reporting period end date.
- If no sales were made during the reporting period, you are still required to file a return to report zero sales were made during the reporting period. Otherwise, the Department of Revenue will assess a non-filer estimate for tax.
- All licensed retailers are required to collect and remit all state-collected sales taxes based on the location where their products are delivered.
- State law requires you to collect sales tax from your customers solely for the purpose of remitting those taxes to the Colorado Department of Revenue. Businesses are entrusted with collecting and remitting taxes that belong to the State of Colorado and local jurisdictions.
- Your Colorado Sales Tax License must be displayed in a conspicuous place at your physical location.
- Your license must be renewed and the renewal fee paid at the end of the license period ending December 31 of odd-numbered years in order to maintain a valid license. Failure to renew your license will invalidate your license, but it won't automatically close your account. In order to close your account and cease any future liability, you must file form DR 1102 with the Department of Revenue.
- Having a Colorado Sales Tax License gives you the privilege to purchase non-taxable items-for-resale. Items that you consume in the course of your business are not included in this privilege.

We strongly recommend that you set up your Revenue Online account as soon as possible in order to remain compliant. If you have any questions regarding sales tax in Colorado, then please visit our website Colorado.gov/tax and click on "Education and Legal Research" for helpful FYIs, Regulations, Letter Rulings and Statutes. While there, you can also sign up for free Public Sales Tax Classes.

Thank you for registering with the Colorado Department of Revenue.

