

received
8-10-21

402 R-00263
Store



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

<input checked="" type="checkbox"/>	Retail Center License
<input 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 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 [REDACTED]	State [REDACTED]	Zip [REDACTED]
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

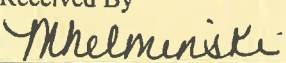
Note: Licensees may not modify or add to their licensed premises until approved by State and Local Authority

Describe change proposed:		
N/A		
Is the proposed change in compliance with local building codes and zoning regulations?	Yes	No
Attach the following supporting documents: <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 		

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 8/9/21
--	---	----------------

Received By 	Title Evrec Asst / Paralegal	Date 8/10/21
---	---------------------------------	-----------------

Colorado Marijuana Licensing Authority

Regulated Marijuana Business License Renewal Application

License Types & Fees (See Application Checklist for details on license types and fees.)			
<input checked="" type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Retail Marijuana Cultivation Facility (Select Tier) <input type="checkbox"/> Retail Marijuana Testing Facility	<input checked="" type="checkbox"/> Tier 1 (Up to 1800 plants) <input type="checkbox"/> Tier 2 (1801 to 3600 plants) <input type="checkbox"/> Tier 3 (3601 to 6000 plants) <input type="checkbox"/> Tier 4 (6001 to 10200 plants) <input type="checkbox"/> Tier 5 (10201 to 13800 plants) <input type="checkbox"/> Tier 5+ (_____ plants in excess of 13801)	<input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Retail Marijuana Business Operator <input type="checkbox"/> Retail Marijuana Transporter	
Note: If you operate at higher than a Tier 1 or Class 1, you will need to pay an additional renewal fee.			
<input type="checkbox"/> Medical Marijuana Store <input type="checkbox"/> Medical Marijuana Products Manufacturer <input type="checkbox"/> Medical Marijuana Testing Facility <input type="checkbox"/> Medical Marijuana Business Operator <input type="checkbox"/> Medical Marijuana Transporter	<input type="checkbox"/> Marijuana Research & Development Facility <input type="checkbox"/> Medical Marijuana Cultivation Facility <input type="checkbox"/> Class 1 (1-500 Plants) <input type="checkbox"/> Class 2 (501-1500 Plants) <input type="checkbox"/> Class 3 (1501-3000 Plants) <input type="checkbox"/> Class 3+ _____ (increments of 3000)		
Applicant's Legal Business Name (Please Print) <div style="text-align: center;">J and J Enterprises, Inc</div>		Marijuana License Number <div style="text-align: center;">402R-00263</div>	
Registered Trade Name (DBA) <div style="text-align: center;">Pagosa Therapeutics</div>			
Federal Taxpayer ID <div style="text-align: center;">90-1004046</div>	Affiliated Colorado Sales Tax License # <div style="text-align: center;">29981376-0001</div>	Name of Registered Agent (with CO SoS) <div style="text-align: center;">Jeremy Bonin</div>	
Physical Address			
Street Address of Marijuana Business <div style="text-align: center;">235 Bastille Dr</div>			
City <div style="text-align: center;">Pagosa Springs</div>	County <div style="text-align: center;">Archuleta</div>	State <div style="text-align: center;">CO</div>	ZIP <div style="text-align: center;">81147</div>
Business Phone Number <div style="text-align: center;">970-731-2970</div>	Email Address <div style="text-align: center;">admin@jandjinc.net</div>		
Mailing Address (if different from Business Address)			
Address <div style="text-align: center;">PO Box 5843</div>			
City <div style="text-align: center;">Pagosa Springs</div>	County <div style="text-align: center;">Archuleta</div>	State <div style="text-align: center;">CO</div>	ZIP <div style="text-align: center;">81147</div>
Primary Contact Person			
Primary Contact Person for Business <div style="text-align: center;">Jeremy D. Bonin</div>		Primary Contact Phone Number <div style="text-align: center;">[REDACTED]</div>	
Primary Contact Mailing Address <div style="text-align: center;">[REDACTED]</div>			
Primary Contact Email Address <div style="text-align: center;">[REDACTED]</div>			

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 08/10/2021 that have been posted, and by documents delivered to this office electronically through 08/11/2021 @ 16:05:25 .

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 08/11/2021 @ 16:05:25 in accordance with applicable law. This certificate is assigned Confirmation Number 13363067 .



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."

**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.

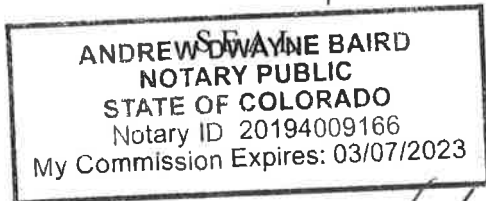
Signed on

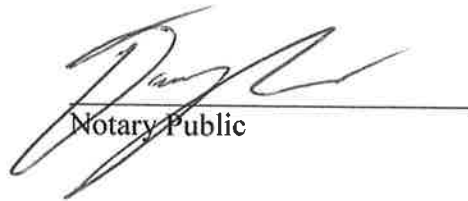
8/10/21


Applicant

STATE OF COLORADO)
)
COUNTY OF ARCHULETA) ss.

The foregoing instrument was acknowledged before me this 10 day of August,
2021, by Jason Wasby, in their capacity as Vice President
of J and J Enterprises




Notary Public

My Commission Expires: 3/7/23

**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 8/9/21

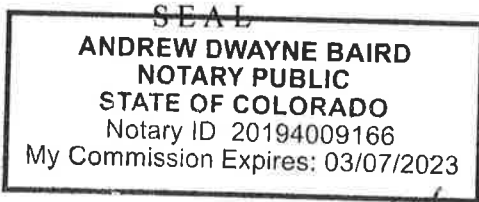



Applicant

STATE OF COLORADO)
)
COUNTY OF ARCHULETA)

ss.

The foregoing instrument was acknowledged before me this 9 day of August,
2021, by Jeremy Bonin, in their capacity as President
of Jand J Enterprises.





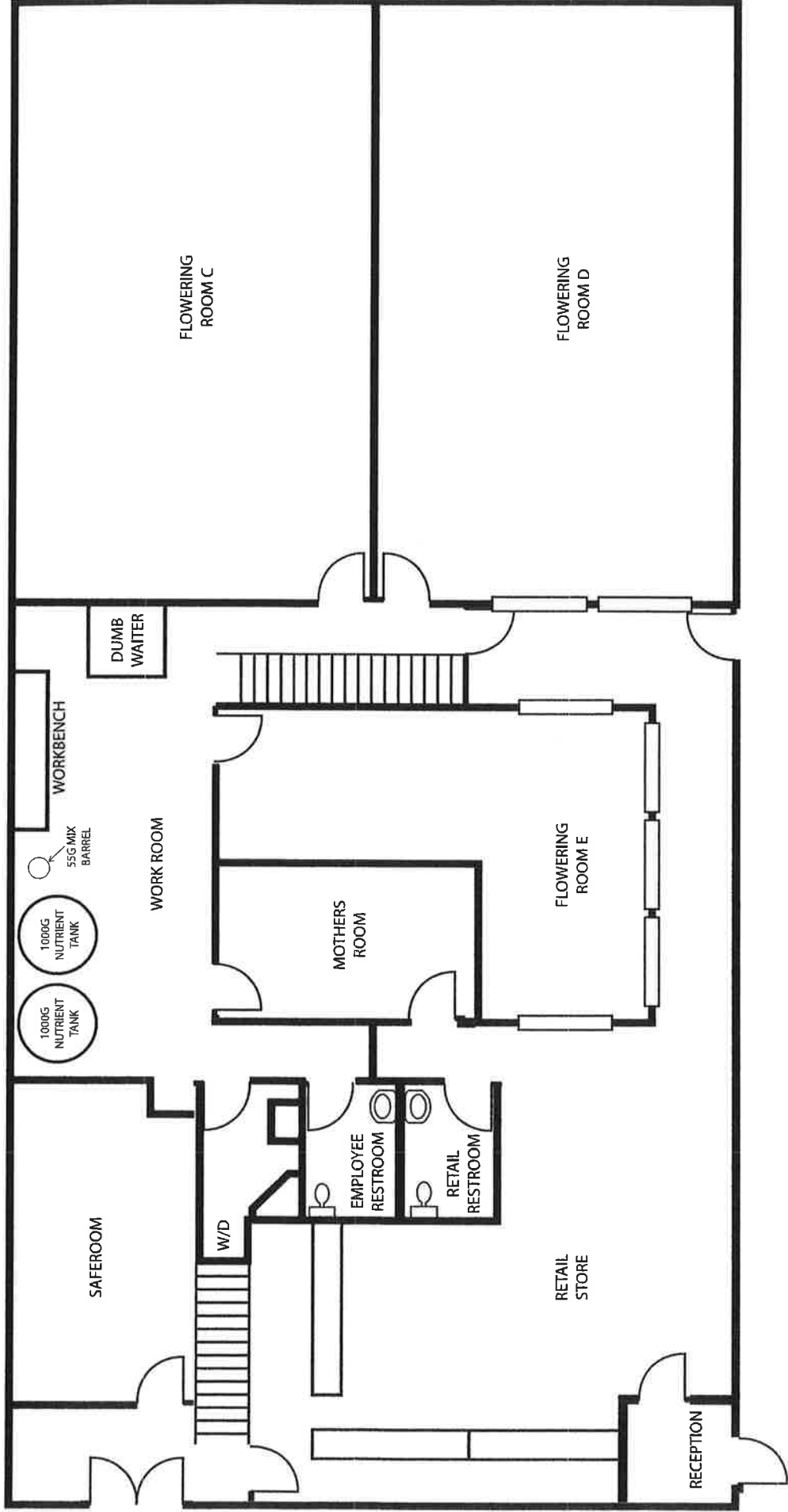
Notary Public

My Commission Expires: 3/7/23

235 Bastille Dr. Pagosa Springs, CO 81147

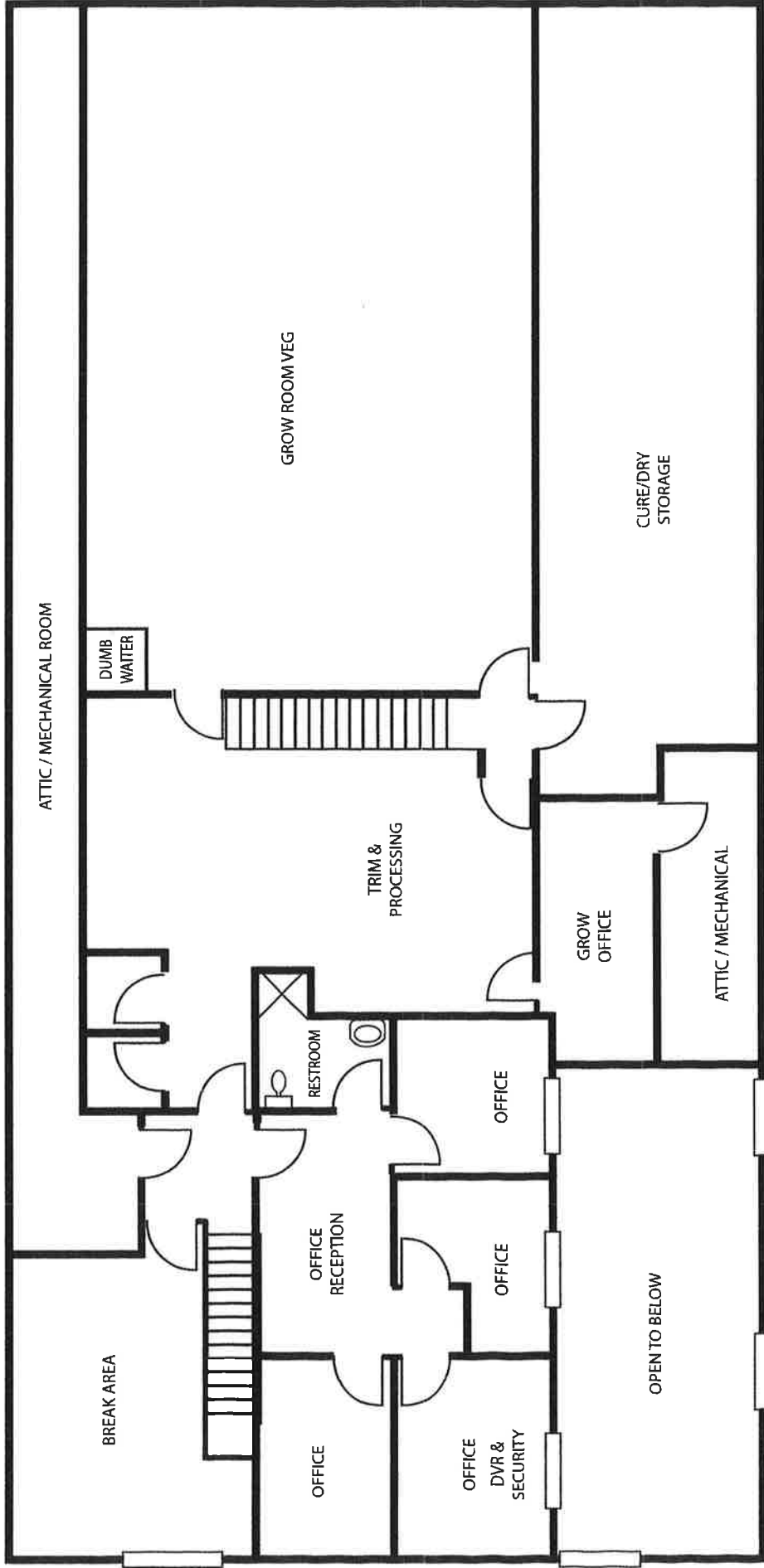
Pagosa Therapeutics/Random Precision Floor Plan

FIRST FLOOR



235 Bastille Dr. Pagosa Springs, CO 81147

Pagosa Therapeutics/Random Precision Floor Plan SECOND FLOOR



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	13	20	2021

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

▲ Detach Here ▲
IMPORTANT INFORMATION

Letter Id: L1982731616

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.

