



**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

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 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 type="checkbox"/>	Corporation*	<input 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)

OPERATION AND LICENSE FEES

All funds must be remitted in the form of a business check or certified funds.
All fees are Non-Refundable

Operating Fee – Required for all new applications at a new (previously unlicensed) facility	\$2,000.00
---	------------

License fees shall apply in addition to the Operating Fee based on the type of application(s). A separate license fee is required for each license type.

Type of Application/License	Fees
Medical Store – New License	\$3,000.00
Medical Store and Cultivation (Combined) – New License	\$5,000.00
Medical Infused-Product/Product Manufacturer - New License	\$3,000.00
Retail Store – New License	\$3,000.00
Retail Cultivation – New License	\$3,000.00
Retail Store and Cultivation (Combined) – New License	\$5,000.00
Retail Infused-Product/Product Manufacturer - New License	\$3,000.00
Renewal Without Changes	\$1,500.00
Renewal With Changes	\$2,000.00
Late Renewal Application	\$500.00
Transfer	\$1,500.00
Location Change	\$2,000.00
Business Name Change	\$500.00
Corporate Structure Change	\$500.00
Modification of Premises	\$500.00

*All fees are payable to Archuleta County

\$39.50 Fingerprint Processing Fee payable to the Colorado Bureau of Investigations (CBI) (for each individual set of fingerprints) Fingerprints may be obtained at the Archuleta County Sheriff's Office (\$25 per fingerprint card)

BUSINESS INFORMATION			
Applicant's Legal Business Name/Trade Name (DBA)		12 Digit Parcel ID Number	Zone District
Street Address of Business		Business Phone Number ()	
Mailing Address	City	State	Zip
PRIMARY CONTACT PERSON			
Primary Contact Person for Business	Primary Contact Phone Number ()	Primary Contact Cell Number ()	
Primary Contact Email Address			
Primary Contact Address	City	State	Zip
STATE MARIJUANA LICENSE NUMBERS			
Medical Marijuana Center Number: _____			
Retail Marijuana Center Number: _____			
Medical Optional Premises Cultivation Number: _____			
Retail Optional Premises Cultivation Number: _____			
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	No
<input type="checkbox"/> Own	<input 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		Tenant	Expires
Does the Applicant propose to have food for retail sale at this location?		Yes	No
If yes, describe the items:			

For the Retail Marijuana Optional Premises Cultivation facilities, do you perform cold water extractions?	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: _____		

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. 	
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:

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
---------------------	-----------------	------

Received By	Title	Date
-------------	-------	------

Attach the following supporting documents.

Submitted	
	Completed Colorado Business Retail or Medical Marijuana License Application
	Fees – Make payable to Archuleta County
	Formation documents shall be provided for any Corporate, LLC, or Partnership.
	Certificate of Good Standing or Statement of Trade Name filed with the Colorado Secretary of State
	Individual History Records completed by each individual applicant, all general partners and limited partners of a partnership; all officers, directors and stockholders of a corporation; all limited liability company members and officers, and all managers and employees of a Marijuana License
	Copy of Lease, Deed, or Contract for right to possess physical premises
	Building Plans: A floor plan, drawn to scale on 8-1/2 x 11" 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.
	Copy of burglar alarm contract, along with a security plan indicating how the applicant intends to comply with the requirements related to monitoring and securing the licensed premises as provided in the ordinance
	Fingerprints – Applicants shall include a set of fingerprints for each licensee applicant on forms provided by the local licensing authority which will be sent to the Colorado Bureau of Investigations. All general partners of a partnership, and limited partners; all officers and directors of a corporation, and stockholders of a corporation; all limited liability company members and officers, and all managers and employees of all Marijuana License have been Fingerprinted. All individuals having any interest in the operation shall be subject to a criminal background check in conjunction with the license application. (Fingerprints may be obtained at the Archuleta County Sheriff's Office)
	An outdoor security lighting plan which meets the Land Use Regulations requirements for night-sky compliance (Section 5.4.4)
	Material Safety Data Sheets ("MSDS") – MSDS sheets for each and every proposed chemical and/or proposed chemical mixtures to be stored or used on the premises shall be submitted with the application – to include a description, location of use and storage of all toxic, flammable, hazardous or other materials regulated by a federal, state or local government having authority which will be used, kept or created at the premises
	A parking plan for the premises with drawings for how the business will manage parking for customers and employees, including overflow parking if demand exceeds the number of spaces at the premises
	An area map, drawn to scale on 8-1/2" x 11" paper, indicating, within a radius of one-quarter mile from boundaries of property upon which facility is located, the proximity of the property to any school, licensed child care establishment, park, any residential zone district and to any other marijuana facility
	San Juan Basin Public Health Department Approval (to be completed after application is submitted to County)
	Fire Protection Districts Confirmation Form (to be completed after application is submitted to County)
	Proof of County Land Use approval; Use by Right Permit (to be completed after application is submitted to County)
	Planning/Zone Confirmation Form(to be completed after application is submitted to County)
	Building Department Confirmation Form – facility must comply with applicable building codes and comply with all applicable Colorado plumbing/electrical code standards (to be completed after application is submitted to County)
	Sheriff's Office – Written comments or a letter with regard to the Sheriff's recommendations concerning issuance of the license(s) for which application has been made, including the results of any investigation conducted (to be completed after application is submitted to County)
	Waiver and Release of Liability and Agreement to Indemnify Archuleta County Form
	Affirmation & Consent Form
	Investigation Authorization & Authorization to Release Information
	Applicant's Request to Release Information
	Copy of State sales tax license

Affirmation & Consent

I, _____, as an authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to §18-5-114 C.R.S. that the entire Marijuana Business Operations Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that 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 Marijuana Business license by the Archuleta County Local Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Archuleta County Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to §18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold an Archuleta County Marijuana Business License, and for 90 days following the expiration or surrender of such Marijuana License.

Print Full Legal Agent Name clearly below:

Applicant's Business Name		Trade Name (DBA)	
Legal Agent Last Name (Please Print)	Legal Agent First Name	Legal Agent Middle Name	
Signature		Date	

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

I, _____, as an authorized agent for the applicant, hereby authorize the Archuleta County Local Licensing Authority, through the Archuleta County Sheriff's Office (hereafter, the Investigative Agency) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigative Agency to provide any and all information deemed necessary by the Investigative Agency. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigative Agency a complete and accurate record of such transactions that may have occurred with that institution, including but not limited to, internal banking memoranda, past and present loan applications, financial statements, and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigative Agency a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigative Agency to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigative Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigative Agency reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigative Agency may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, Archuleta County, the Investigative Agency, and other agents or employees of Archuleta County shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to Archuleta County, the Investigative Agency, and other agents or employees of Archuleta County for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigative Agency, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Agent Name clearly below:

Applicant's Business Name	Trade Name (DBA)
---------------------------	------------------

Legal Agent Last Name (Please Print)	Legal Agent First Name	Legal Agent Middle Name
--------------------------------------	------------------------	-------------------------

Legal Agent Title	Signature (Must be signed in front of one witness)
-------------------	--

Dated this _____ day of _____, 20____ at _____
(time)

_____, _____
(City) (State)

Witness Signature

APPLICANT'S REQUEST TO RELEASE INFORMATION

To: _____

From: _____

1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Archuleta County Marijuana Local Licensing Authority whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Archuleta County Marijuana Local Licensing Authority to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Archuleta County Marijuana Local Licensing Authority to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/We hereby authorize and request that a duly appointed agent of the Archuleta County Marijuana Local Licensing Authority be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking records, savings deposit records, safe deposit box records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Archuleta County Marijuana Local Licensing Authority, my/our true and lawful attorney in fact for me/us in my/our behalf and for my/our use and benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request;
 - (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I/We grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do it personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Archuleta County Marijuana Local Licensing Authority an application for a Marijuana Business License. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I/We do for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employers arising out of or by reason of complying with the request.
10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Legal Agent Last Name (Please Print)	Legal Agent First Name	Legal Agent Middle Name
Legal Agent Title	Signature (Must be signed in front of one witness)	
Dated this _____ day of _____, 20____ at _____ <div style="text-align: right; margin-right: 100px;">(time)</div>		
_____, <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (City) (State) </div>		
Witness Signature		
Signature of Medical Marijuana Licensing agent presenting this request		Date



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

FOR NEW APPLICATIONS, THE APPLICANT SHALL PROVIDE THE FOLLOWING INFORMATION. FOR RENEWAL APPLICATIONS, THE LOCAL LICENSING AUTHORITY WILL SUBMIT THIS FORM TO THE APPLICABLE AGENCY. ACCEPTANCE AND APPROVAL OF THE RENEWAL APPLICATION WILL NOT BE DEEMED COMPLETE UNTIL THIS FORM HAS BEEN RETURNED WITH THE PROPER APPROVALS.

FIRE PROTECTION DISTRICT

Written comments or a letter from the appropriate fire district in which the proposed licensed premises are to be located demonstrating compliance with the applicable adopted fire code provisions.

No objection to the Marijuana facility as proposed.

Signature FPD

Date

Applicant must comply with the following adopted fire code provisions:

Signature FPD

Date

SAN JUAN BASIN PUBLIC HEALTH DEPARTMENT (ONLY APPLICABLE TO NEW OR MODIFICATION APPLICATIONS)

Documentary proof of compliance with the health department standards.

No objection to the Marijuana facility as proposed.

Signature San Juan Dept. Health & Environment

Date

Applicant must comply with the following health code provisions:

Signature Dept. Health & Environment

Date

ARCHULETA COUNTY BUILDING DEPARTMENT

For all licensed facilities located within a building or structure for which an Archuleta County Building permit is required, documentary proof of compliance with all applicable county building code standards, as well as documentary proof of compliance with all applicable Colorado Plumbing/Electrical Code standards.

No objection to the Marijuana facility as proposed.

Signature Building Official

Date

Applicant must comply with the following county building code standards:

Signature Building Official

Date

ARCHULETA COUNTY PLANNING DEPARTMENT

For all licensed facilities located within Archuleta County, required documentary proof of compliance with the Archuleta County Land Use Regulations.

No objection to the Marijuana facility as proposed.

Signature Planning Official

Date

Applicant must comply with the following County Land Use Regulations:

Signature Planning Official

Date

ARCHULETA COUNTY SHERIFF'S OFFICE

Written comments or a letter from the Archuleta County Sheriff or his designee with regard to the Sheriff's recommendations to the Local Licensing Authority concerning the issuance of the license(s) for which the application has been made, including the results of any investigation conducted: New application review shall include, but need not be limited to, an investigation into the criminal background, if any, of the proposed licensee(s) by the Archuleta County Sheriff's Office ("ACSO"). The ACSO may, in its discretion, require the proposed licensee(s) to submit to a personal interview regarding, but not limited to, their background, qualifications, and financial arrangements, relevant to the proposed License. The applicant(s) understand that a set of fingerprints for each licensee applicant on forms provided by the Local Licensing Authority which will be sent to the Colorado Bureau of Investigations.

No objection to the Marijuana facility as proposed.

Signature Archuleta County Sheriff

Date

Application should be Denied. See attached written report of the results of the ACSO investigation of the proposed licensee(s).

Signature Archuleta County Sheriff

Date

**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 _____

Applicant

STATE OF COLORADO)
)
COUNTY OF ARCHULETA) ss.

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, in their capacity as _____
of _____.

S E A L

Notary Public

My Commission Expires: _____