



DENVER
THE MILE HIGH CITY

City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202

RETAIL MARIJUANA LICENSE APPLICATION

New License Application

Annual License Renewal

Type of License:

- Retail Marijuana Store
- Retail Marijuana Cultivation Facility
- Retail Marijuana Products Manufacturer
- Retail Marijuana Testing Facility

Applicant is applying as:

- Corporation
- Partnership
- Limited Liability Corporation
- Individual/Sole Proprietor
- Association or Other

Applicant _____ Business File No. (BFN) _____

Trade Name (D/B/A) _____

City Sales Tax No. _____

State Sales Tax No. _____ FEIN No. _____

Address of Premises _____

City _____ State _____ Zip Code _____

Applicant Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Applicant Contact Person/Responsible Party _____

Telephone _____ Email Address _____

Is the applicant currently licensed as a medical marijuana establishment by both the City and State?	Yes	No
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City of Denver medical marijuana license number _____ Expiration Date _____

State of Colorado medical marijuana license number _____ Expiration Date _____

Date that operations began as a medical marijuana establishment _____

Is the applicant proposing to surrender its medical marijuana license and entirely convert to retail operations?	Yes	No
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*If yes, a retail marijuana license will only be issued upon surrender of the applicant's medical marijuana license.

*If no, is the applicant proposing:
(Please Circle A or B)

A	Co-location -- physical separation/dividing wall between medical and retail operations (simultaneous application for new RMJ license and modification of applicant's existing MMJ licensed premises)
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OR

B	Co-terminus -- no physical separation/dividing wall between medical and retail operations (combined/overlapping licensed premises)
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If applicant is an Individual/Sole Proprietor, complete the following:

Home address _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ Jurisdiction that issued Driver's License _____

If applicant is a corporation, partnership, association or limited liability corporation, applicant **must list** ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. In addition applicant **must list** any stockholders, partners, or members with OWNERSHIP OF **10% OR MORE** IN THE APPLICANT. If necessary, provide additional information on a separate sheet.

NAME	HOME ADDRESS, CITY, STATE & ZIP CODE	DOB	POSITION	% OWNED

Has the applicant or any partner, member, officer, director, or stockholder of the applicant ever been convicted of a felony in a federal, state, or other court?

Yes

No

If the answer is yes, please provide the following: (if necessary, provide additional information on a separate sheet)

Name and Location of Court	Charge convicted of	Sentence	Date of sentencing	Last date of incarceration/ parole/ probation

Has the applicant been denied an application for a retail or medical marijuana license by any jurisdiction? Yes No

Has the applicant had a retail or medical marijuana license suspended or revoked by any jurisdiction? Yes No

Does the applicant 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?

Ownership Lease Other (explain in detail) _____

If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:

Landlord	Tenant	Expires

If premises are leased, attach written consent by the owner of the property to the licensing of the premises for a retail marijuana establishment. The consent must specifically be for retail operations, not medical only.

Are the premises in compliance with all zoning requirements of the Denver Retail Marijuana Code? Yes No

For retail marijuana stores, are the premises to be licensed within 1,000 feet of any school, retail marijuana store, medical marijuana center, child care establishment, or alcohol or drug treatment facility? Yes No

*If yes to the question above, are the premises in compliance with grandfathering and continuous operation requirements of the Denver Retail Marijuana Code? Yes No

Please explain: _____

Name of manager for licensed premises: _____	Date of Birth: _____
Social Security Number: _____	Driver's License No. _____

Does the applicant propose to have retail sales of edible marijuana products on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*If yes, describe the items to be sold: _____		

Additional Documents to be submitted for all Applicants:

- Lease or Deed (if leased, must include written consent from property owner for retail marijuana operations)
- Zone Use Permit
- Copy of City burglar alarm permit
- Certificate of Good Standing from CO Secretary of State (entity name must match retail marijuana applicant name)
- A floor plan, drawn to scale on 8-1/2 x 11" paper, showing the layout of the establishment and the principal uses of the floor area, including a depiction of where any operations and services are proposed to occur on the licensed premises. Please include dimensions, security cameras, and separate pages for each floor level. The floor plan must be stamped by the Zoning Dept. during its zoning permit review.
- A security plan indicating how the applicant intends to comply with the requirements related to monitoring and securing the licensed premises as required by law.

Also to be submitted for Retail Marijuana Stores:

- Copy of City sales tax license
- A description of products and services to be provided, including an indication of whether the establishment proposes to engage in the retail sale of edible marijuana products.
- A tax/surety bond in the amount of twenty thousand dollars (\$20,000.00), in accordance with the requirements of the Denver Retail Marijuana Code.
- An area map, drawn to scale on 8-1/2 x 11" paper, indicating land uses of other properties within a 1,000-foot radius of the property upon which the applicant is seeking a license. The map must depict the proximity to the property to any school, child care facility, retail marijuana store, medical marijuana center, or alcohol or drug treatment facility

Oath of Application

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern my Retail Marijuana Establishment License Application. I understand that it is my continuing obligation to update any information on this application, including contact information, as necessary.

Authorized Signature	Title	Date