

**CITY OF GUNNISON, COLORADO**  
**MARIJUANA ESTABLISHMENT APPLICATION**  
CITY CLERK'S DEPARTMENT  
201 WEST VIRGINIA AVENUE | PO BOX 239  
GUNNISON, COLORADO 81230  
970.641.8080 PHONE | 970.641.8051 FAX  
[eboucher@gunnisonco.gov](mailto:eboucher@gunnisonco.gov) EMAIL



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**DATE:** Received by Clerk: \_\_\_\_\_  
Application Fee Paid: \_\_\_\_\_  
License Fee Paid: \_\_\_\_\_  
Application Received By: \_\_\_\_\_

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**TYPE OF LICENSE:** *please choose ONE*

- Medical Marijuana Center
  - Retail Marijuana Store
  - Cultivation Establishment: Medical \_\_\_\_\_ Retail \_\_\_\_\_
  - Marijuana Product Manufacturing Establishment: Medical \_\_\_\_\_ Retail \_\_\_\_\_
  - Marijuana Testing Facility
  - Modification of Premises
  - Transfer of License Ownership
  - Transfer of License Location
  - Other: please specify \_\_\_\_\_
- 

**BUSINESS PREMISE INFORMATION:**

Legal Business Name: \_\_\_\_\_  
Trade Name of Business (dba): \_\_\_\_\_  
FEIN: \_\_\_\_\_ City Sales Tax #: \_\_\_\_\_  
State Sales Tax #: \_\_\_\_\_  
Physical Address of Business: \_\_\_\_\_  
Mailing Address of Business: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_  
Property Owner Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
Building Owner Name: \_\_\_\_\_  
Building Owner Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_

If the applicant is not the owner of the land or building where the marijuana establishment is to be located, the applicant shall submit a lease and a notarized "Property Owner Consent Form" granting consent from the property and/or building owner for the City to initiate the review process.

**APPLICANT INFORMATION**

Applicant is applying as (a please choose ONE):

- Corporation
- Limited Liability Company (LLC)
- Partnership (includes spousal partnerships)
- Individual (Sole Proprietor)
- Other (Specify) \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Individual or Sole Proprietorship:

Applicant Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applicant Physical Address: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

What Marijuana License(s) does the Applicant or any member of the LLC, Corporation, Partnership, Association currently hold with the State of Colorado?

- Medical Marijuana Center License #: \_\_\_\_\_
- Retail Marijuana Establishment License #: \_\_\_\_\_
- Marijuana Product Manufacturing License #: \_\_\_\_\_
- Marijuana Testing License #: \_\_\_\_\_
- Cultivation Center License #: \_\_\_\_\_
- Other License #: \_\_\_\_\_
- None

What Marijuana License(s) does the Applicant hold with the City of Gunnison?

- Type: \_\_\_\_\_ License #: \_\_\_\_\_
- Type: \_\_\_\_\_ License #: \_\_\_\_\_
- Type: \_\_\_\_\_ License #: \_\_\_\_\_

*Please use addition page for any addition licenses*

- None

**OATH OF APPLICANT**

I declare under penalty of perjury in the second degree that this application and any required 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 Colorado Marijuana Code that will affect my license.

Authorized Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF GUNNISON DEPARTMENTAL APPROVALS

TO BE COMPLETED BY CITY STAFF ONLY

Each department must review, approve, sign, check-off, and date for application approval to be forwarded to City Council for approval.

CITY CLERK

Includes payment of application and licensing fees, submission of complete application forms and any other forms as required.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

COMMUNITY DEVELOPMENT

Compliance with mechanical, fire and technical codes of the Gunnison Municipal Code.

Compliance with Land Use Requirements as defined in the Gunnison Land Development Code.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

FINANCE

Compliance with sales tax collection and remittance code requirements.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

POLICE

Successful completion of local background checks and investigations.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

PUBLIC WORKS

Compliance with city utility codes.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

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**REQUIRED ATTACHMENTS FOR CITY COUNCIL PUBLIC HEARING**

Results of local background check by City of Gunnison Police Department.

Approved Site Development Application and/or Conditional Use Permit.

Completed State of Colorado License Application forms.

**Date Application Accepted by City Council:** \_\_\_\_\_

**Date of Public Hearing:** \_\_\_\_\_

**APPLICATION APPROVED: (date)** \_\_\_\_\_

**APPLICATION DENIED: (date)** \_\_\_\_\_

CITY OF GUNNISON, COLORADO MARIJUANA ESTABLISHMENT LICENSE

PROPERTY OWNER CONSENT

CITY CLERK'S DEPARTMENT

201 WEST VIRGINIA AVENUE | PO Box 239

GUNNISON, COLORADO 81230

970.641.8080 PHONE | 970.641.8051 FAX

[eboucher@gunnisonco.gov](mailto:eboucher@gunnisonco.gov) EMAIL

BUSINESS NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

STREET ADDRESS OF PROPOSED LICENSED PREMISE: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

**OWNER'S CONSENT TO SUBMISSION OF APPLICATION FOR MARIJUANA ESTABLISHMENT ON OWNED PREMISES**

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (please check all that apply):

- Medical Marijuana Center
- Retail Marijuana Store
- Cultivation Establishment: Medical \_\_\_\_\_ or Retail \_\_\_\_\_
- Marijuana Product Manufacturing: Medical \_\_\_\_\_ or Retail \_\_\_\_\_
- Marijuana Testing Facility

Property Owner (Printed Name) \_\_\_\_\_

Property Owner (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Please attach copy of deed or lease in name of the license applicant

STATE OF COLORADO            )  
   ) ss.  
 COUNTY OF \_\_\_\_\_)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Witness my hand and official seal.  
My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**CITY OF GUNNISON**  
**MARIJUANA ESTABLISHMENT FEE SCHEDULE**

<b>CITY MARIJUANA LICENSE FEE FOR ALL ESTABLISHMENTS:</b>	\$2,000.00
<b>CITY APPLICATION FEES:</b>	
Medical Marijuana Center	\$2,500.00
Retail Marijuana Store	\$2,500.00
Cultivation Establishment: Medical Optional Premises	\$3,000.00
Cultivation Establishment: Retail Cultivation	\$3,000.00
Marijuana Product Manufacturing – Medical or Retail	\$3,000.00
Marijuana Testing Facility	\$3,000.00
<b>OTHER FEES:</b>	
Annual License Renewal – all classes	\$2,000.00
Premises Modification Fee	\$1,000.00
Transfer of Location of License Fee for:	
Medical Marijuana Center	\$2,500.00
Retail Marijuana Store	\$2,500.00
Cultivation Establishment – Medical	\$3,000.00
Cultivation Establishment – Retail	\$3,000.00
Marijuana Product Manufacturing – Medical or Retail	\$3,000.00
Marijuana Testing Facility	\$3,000.00
Transfer of Ownership of License	\$2,000.00

Fees set per City of Gunnison Resolution No. 12, Series 2015.

June 23, 2015.

*Fees subject to change by City Council Resolution*

## CITY OF GUNNISON MARIJUANA ESTABLISHMENT LICENSING PROCESS

Determine Type of Applicable Marijuana Establishment License for Application.

Dual Operations are allowed in the City of Gunnison.

Licensee can only hold one City license of each class of establishment.

### Types of State/Local Marijuana Establishment Licenses:

#### Medical Marijuana Licenses

Medical Marijuana Center

Optional Premises Cultivation Operation

Medical Marijuana Infused Products Establishment

#### Retail Marijuana Licenses

Retail Marijuana Store

Retail Marijuana Cultivation Establishment

Retail Marijuana Testing Facility

Retail Marijuana Product Manufacturing

- Applicant fills out and submits the *City of Gunnison Marijuana Establishment Application* to the City Clerk.
- For medical marijuana establishments, the applicant shall submit all of the completed applicable State of Colorado medical marijuana establishment application forms. These forms are available from the Colorado State Marijuana Enforcement Division.
- For retail marijuana establishments, the City will receive the State application forms directly from the State Licensing Division once they are filed by the applicant with the State.
- Pay the City Application and Licensing Fees. The City application fee is nonrefundable. If the application is withdrawn or not approved by the City, the City licensing fee will be refunded.
- If the establishment will be located in/on a leased or rented building or property, filing of the completed property owner's permission affidavit must accompany the application.
- The City Attorney and City Staff will review the application packet.
- Schedule an application meeting with the Community Development Department to discuss establishment site requirements and land development code regulations regarding land use and establishment operation regulations. A completed *Site Development Application* is required for each marijuana establishment. Community Development is located on the second floor of City Hall, 201 West Virginia Avenue in Gunnison. The phone number is 970.641.8090 to schedule the meeting. If a building is being constructed or remodeled for the licensed establishment the Community Development Department will provide the information regarding the building process.

### Public Hearing Process

- Once all applicable City Departments have approved the application, it will be forwarded to the City Council. Upon receipt by City Council of the completed application for a medical marijuana establishment, the City shall set a public hearing on the application to be held not less than thirty (30) days after the acceptance of the application by City Council. For a retail marijuana establishment, the City shall set a public hearing on the application to be held not less than ten (10) days after the acceptance of the City application by City Council and receipt of the State approved conditional licensure.
- The premises shall be posted with a poster provided by the City that includes the date and time of the public hearing. The applicant and all interested citizens can give testimony for or against the issuance of the license.
- For a medical marijuana establishment application, no Council action on approval will be taken by the City until receipt of proof of approval by the State licensing authority. Once conditional approval is received from the State, the City shall proceed to make finding of fact and approve or deny the application with any conditions set forth in writing.
- For a retail marijuana establishment, the State Licensing Authority notifies the City writing seven days of their receipt of a retail establishment application. A copy of the Application is forwarded to the City. All City specific application requirements must be included in the application and must be complete for the City to inform the State licensing authority whether the application complies with local regulations and restrictions. If the retail

marijuana establishment applicant receives conditional State licensure, the City shall set a public hearing before the City Council on the application as described above.

- For a retail marijuana establishment, City Council may take action on the application following the public hearing, either on the same day or at a subsequent approve or deny the application based on those findings.

#### Approval of License

- Once approved by City Council, the City Clerk shall issue the City of Gunnison marijuana establishment license. The city license is good for one year. The establishment may not operate until both the State approved license and the City approved license are issued and displayed at the establishment.