

CITY OF GUNNISON, COLORADO

RENEWAL APPLICATION FOR MARIJUANA ESTABLISHMENT

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 EMAIL



DATE: Renewal Application Received by Clerk: _____
Renewal Application Fee Paid: _____
renewal fee is \$2,000 for all licenses
Renewal Application Received By: _____

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
- Other: please specify _____

BUSINESS PREMISE INFORMATION:

Legal Business Name: _____

Trade Name of Business (dba): _____

FEIN: _____ City Sales Tax #: _____

State Sales Tax #: _____

Existing City Marijuana Establishment License # _____

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 building/property is not owned by the applicant, please submit a copy of the current lease, valid for at least a year after next renewal date, with this application. Lease must be in the applicant/license holder's name.

Has the ownership of the land or building changed in the past year? Yes _____ No _____

If yes, submit the notarized *Property Owner Consent Form* granting consent from the property/building owner allowing the Licensed Marijuana Establishment.

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? (please attached a list if multiple licenses are held)

- 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

Within the past year, have there been any changes in ownership allocation, a transfer of stock, a change in the corporate structure or in the corporate by laws, or any other change affecting ownership or organizational structure of the licensee its subsidiaries or affiliates? Yes _____ No _____

If yes, explain in detail on a separate sheet and attach copies of applicable documentation concerning the changes.

Within the past year, have there been any changes or modifications to the licensed premises, including but not limited to: change in storage and/or retail locations; changes to any City required mechanical system; modifications to City required monitoring system; changes in ingress or egress; or changes in required parking spaces? Yes _____ No _____

If yes, attach detail diagram of premise modifications.

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 and the City of Gunnison Municipal Code and Land Development Code that will affect my license. I also consent to any local Police Department background investigation as deemed necessary by the City. I acknowledge that misrepresentation or failure to reveal information as requested may be deemed sufficient cause to deny the renewal of the City of Gunnison's Marijuana Establishment 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: _____

RENEWAL APPLICATION APPROVED: (date) _____

RENEWAL APPLICATION DENIED: (date) _____

CITY OF GUNNISON, COLORADO MARIJUANA ESTABLISHMENT LICENSE

PROPERTY OWNER CONSENT

TO BE COMPLETED ONLY IF THERE HAS BEEN ANY CHANGES WITHIN THE LAST YEAR

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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