

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



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

TRADE NAME OF BUSINESS (DAB): \_\_\_\_\_

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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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**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