

**CITY OF GUNNISON, COLORADO**  
**MARIJUANA ESTABLISHMENT LICENSE APPLICATION**  
**CITY CLERK'S DEPARTMENT**  
**201 W. VIRGINIA AVENUE - P.O. BOX 239 GUNNISON, CO 81230**  
**970-641-8140 (phone) 970-641-8051 (FAX)**  
**[gdaavidson@gunnisonco.gov](mailto:gdaavidson@gunnisonco.gov) (email)**



---

**Date Application Received by Clerk:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Application Fee Paid:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (see attached fee schedule)  
**License Fee Paid:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**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
- Modification of Premises
- Transfer License Ownership
- Transfer of License Location
- Other (please specify) \_\_\_\_\_

---

**BUSINESS PREMISES 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 Husband/Wife Partnerships)
- Individual (Sole Proprietor)
- Other (Specify)

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

Individual or Sole Proprietorship:

Applicant Full Legal Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Physical Address: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Home and Cell Phone Numbers: \_\_\_\_\_

Applicant's Current Email Address: \_\_\_\_\_

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 #: \_\_\_\_\_

Additional Licenses Use Additional Pages

- 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: \_\_\_\_\_

(This page BELOW to be completed by City Staff) CITY OF GUNNISON  
DEPARTMENTAL APPROVALS

Each Department Must Review, Approve, Sign, Check-Off, and Date for Application Approval to be forwarded to City Council for approval.

CITY CLERK'S DEPARTMENT

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

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

COMMUNITY DEVELOPMENT DEPARTMENT

- 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 DEPARTMENT

- Compliance with sales tax collection and remittance Code requirements

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

POLICE DEPARTMENT

- Successful completion of local background checks and investigations

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

PUBLIC WORKS DEPARTMENT

- Compliance with City Utilities Codes

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

---

**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 to Application.

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

Date of Public Hearing: \_\_\_/\_\_\_/\_\_\_

APPLICATION APPROVED: \_\_\_/\_\_\_/\_\_\_

APPLICATION DENIED: \_\_\_/\_\_\_/\_\_\_

CITY OF GUNNISON, COLORADO MARIJUANA ESTABLISHMENT LICENSE –  
PROPERTY OWNER CONSENT  
CITY CLERKS DEPARTMENT  
201 W. VIRGINIA AVENUE  
P.O. BOX 239  
GUNNISON, CO 81230  
970-641-8140 (phone) 970-641-8051 (FAX)  
[gail@cityofgunnison-co.gov](mailto:gail@cityofgunnison-co.gov) (Email)

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

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

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

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 (check all that apply):

- Medical Marijuana Center
- Retail Marijuana Store
- Cultivation Establishment: Medical \_\_\_\_\_ Retail \_\_\_\_\_ (check one)
- Marijuana Product Manufacturing Establishment: Medical \_\_\_\_\_ Retail \_\_\_\_\_
- Marijuana Testing Facility

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

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

\_\_\_\_\_ Date

(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 FEES 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 Fees 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 picks up the City of Gunnison Licensing Application from the City Clerk, 201 W. Virginia Avenue, in Gunnison. The City form is filled out and submitted 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/Departments will review the application packet.
- Schedule an application meeting with the Community Development (CD) Department to discuss establishment site requirements and land development code regulations regarding land use and establishment operation regulations. A completed CD Site Development Application is required for each marijuana establishment. CD is located on the second floor of City Hall, 201 W. Virginia Avenue in Gunnison or call 970.641.8090 to set up the meeting. If a building is being constructed or remodeled for the licensed establishment – the CD Department will provide the information regarding the building process.
- The applicable City Department will sign off of the City's application form once conditions and requirements of that Department are met. For instance, once the local background checks are completed for all persons involved in the business, including proposed licensee, owner(s), business manager(s), or financier(s), the Chief of Police will include results of those background checks in the application packet and will sign off on the City application form.

## Public Hearing Process

- Once all applicable City Departments have signed off on the City application form, the application will be forwarded to the City Council. Upon City Council receipt of a complete 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 receipt by City Council of the application. 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 City Council's receipt of a completed retail marijuana establishment City application and receipt of the state-approved conditional licensure.
- The premises shall be posted with a City-provided poster about 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 findings 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 within 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 Council meeting determined by Council. Council shall make findings of fact and approve or deny the application based on those findings of fact.

## 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 City-approved license are issued and displayed at the establishment.