

**RENEWAL APPLICATION
CITY OF GUNNISON, COLORADO
MARIJUANA ESTABLISHMENT LICENSE**



**CITY CLERK'S DEPARTMENT
201 W. VIRGINIA AVENUE - P.O. BOX 239
GUNNISON, CO 81230
970-641-8140 (phone) 970-641-8051 (FAX)
GDavidson@GunnisonCo.gov**

Date Renewal Application Received by Clerk: ____/____/____
Renewal Application Fee Paid: ____/____/____ (City renewal fee \$2,000 for all licenses)
Renewal Application Received By: _____

TYPE OF LICENSE TO BE RENEWED: (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 PREMISES 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 applicant, 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 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 a: (please choose ONE):

- Corporation
- Limited Liability Company (LLC)
- Partnership (includes Husband/Wife Partnerships)
- Individual (Sole Proprietor)
- Other (Specify)

APPLICANT NAME: _____

(The LLC or Corporation Principal, Sole Proprietor)

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? (attach list if multiple Licenses are held)

- | | |
|--|------------------|
| <input type="checkbox"/> Medical Marijuana Center | License #: _____ |
| <input type="checkbox"/> Retail Marijuana Establishment | License #: _____ |
| <input type="checkbox"/> Marijuana Product Manufacturing | License #: _____ |
| <input type="checkbox"/> Marijuana Testing | License #: _____ |
| <input type="checkbox"/> Cultivation Center | License #: _____ |
| <input type="checkbox"/> Other | License #: _____ |
| <input type="checkbox"/> None | |

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

- | | |
|--------------------------------------|------------------|
| <input type="checkbox"/> Type: _____ | License #: _____ |
| <input type="checkbox"/> Type: _____ | License #: _____ |

Additional Licenses Use Additional Pages

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/affiliates? If yes, explain in detail on a separate sheet and attach copies of applicable documentation concerning the changes. Yes No

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? If yes, attach detailed diagram of premises modifications. Yes No

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 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 a 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: _____

(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 fee; 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
Water, Sewer, Refuse Code compliance

- Date approved: _____ By: _____

RENEWAL APPLICATION APPROVED: ___/___/___

RENEWAL 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)
gdauidson@gunnisonco.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