

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)
gail@cityofgunnison-co.gov (email)

Date Application Received by Clerk: 07 10 15 *AM*
Application Fee Paid: 07 14 15 (see attached fee schedule) *AM*
License Fee Paid: 07 14 15 *AM*
Application Received By: *[Signature]*

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
- License Renewal
- Modification of Premises
- Transfer License Ownership
- Transfer of License Location
- Other (please specify) _____

BUSINESS PREMISES INFORMATION

Legal Business Name: Pure Industries LLC
Trade Name of Business (dba): Soma Wellness
FEIN: 27-1305943 City Sales Tax # 99-661
State Sales Tax # 40-0017-002
Physical Address of Business: 500 W Hwy 50 101
Mailing Address of Business: PO Box 3581 CB, CO 81224
Business Telephone Number: (970) 349-6670
Business Email: _____
Property Owner Name: Ken Bergan / Br L Holdings, LLC 320 Park Dr
Property Owner Address and Phone Number: (970) 209-3676
Building Owner Name: Ken Bergan
Building Owner Address and Phone Number: See Above

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: Pure Industries, LLC - Lee Olesen OWNER

Individual or Sole Proprietorship:

Applicant Full Legal Name: Pure Industries, LLC Social Security Number: N/A DOB: 1/1

Applicant's Physical Address: 16 Snowmass Rd. #2 Mt CO

Applicant's Mailing Address: PO Box 3581

Applicant's Home and Cell Phone Numbers: (970) [REDACTED]

Applicant's Current Email Address: willbrown@gmail.com

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 #: 402R-00205 - CB Retail
- Retail Marijuana Establishment License #: 403R-00410 Grow Gunnison city
- Marijuana Product Manufacturing License #: 404R-00123 PMP
- Marijuana Testing License #: 403R-00265 Boulder Grow
- Cultivation Center License #: 403R-00409 Pueblo Grow
- 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: [Signature]
 Printed Name and Title: Lee Olesen, Owner
 Date: 7/27/2015

(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: 08/31/2015 By: [Signature]

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: 8.31.15 By: [Signature] See CO Dept Staff Conditions

FINANCE DEPARTMENT

- Compliance with sales tax collection and remittance Code requirements

Date approved: 8/12/15 By: [Signature]

POLICE DEPARTMENT

- Successful completion of local background checks and investigations

Date approved: 8/4/15 By: [Signature]

PUBLIC WORKS DEPARTMENT

- Compliance with City Utilities Codes

Date approved: 8-13-15 By: [Signature]

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: 9/10/15

Date of Public Hearing: 10/13/15

APPLICATION APPROVED: / /

APPLICATION DENIED: / /

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: Pure Industries, LLC - Lee Olesen Owner

Individual or Sole Proprietorship:

Applicant Full Legal Name: Pure Industries, LLC Social Security Number: N/A DOB:

Applicant's Physical Address: 16 Snowmass Rd. #2 Mt CO

Applicant's Mailing Address: Po Box 3561

Applicant's Home and Cell Phone Numbers: (970) -

Applicant's Current Email Address: willbrown@gmail.com

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

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- Retail Marijuana Establishment License #: 403R-00410 Green Gunnison Co,
- Marijuana Product Manufacturing License #: 404R-00123 PMP
- Marijuana Testing License #: 403R-00265 Boulder Grow
- Cultivation Center License #: 403R-00409 Pueblo Grow
- 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: [Signature]
Printed Name and Title: Lee Olesen, Owner
Date: 7/27/2015

Retail Marijuana Establishment Permit Community Development Department

Applicants Name: Pure Industries LLC

Applicants Address: 16 Snowmass Rd Unit #2, Mt Crested Butte, Co 81225

Establishment Address: 500 W Hwy 50, Unit 101, Gunnison, Co 81230

APPROVED WITH CONDITIONS

August 31, 2015



Compliance	Initial Compliance Criteria and Standards for all Marijuana Establishments
OK	<i>Buffers:</i> Marijuana establishment is not located within 1000 feet of a public school; private or charter school; daycare school, center or home; and mental health facilities. Establishments shall not be located on real property that fronts, abuts or is adjoining to any Residential District zone.
OK	Marijuana establishment complies with the district zone location standards set forth in Table 2-3, Principal Use Table of the <i>Land Development Code</i> .
OK with conditions cited herein	Marijuana establishment complies with all provisions, standards and regulations of the <i>Land Development Code</i> .
OK	Marijuana establishment is served by city water, wastewater, and electrical utility services and complies with all provisions, standards and regulations of the <i>City of Gunnison Municipal Code</i> , Title 12, utilities.
OK with conditions cited herein	<i>State Regulations:</i> Marijuana establishment complies with all applicable requirements of Colorado State Law and <i>Code of Colorado Regulations</i> , Medical Use of Marijuana and Retail Marijuana Code.
OK with conditions cited herein	A source capture system cable of removing particulate and odors to achieve levels that do not constitute a nuisance to adjacent occupants, structures and properties has been approved.
OK with conditions cited herein	Marijuana establishment complies with International Code Council building and fire codes adopted by the City.
Compliance	Additional Standards for Retail Marijuana and Medical Marijuana Centers
Occupancy 1PN/ 60 SF	Retail establishments shall be located in buildings that comply with occupancy standards established by the International Code Council codes and adopted by the City.
OK	Retail establishments shall be located on lots in buildings that comply with the regulations in the <i>Land Development Code</i> including, but not limited to, landscaping, buffers, lighting, screening and parking standards.

The Community Development Director finds that initial compliance with Mechanical, Fire and Technical Codes and Land Use Requirements have been met with the following conditions:

Conditions:

1. Marijuana establishment signage shall include only the registered business or trade name, address, and telephone number of the marijuana establishment.
2. Marijuana establishment shall comply with all provisions, standards and regulations of the *Land Development Code*.
3. Marijuana-related odors shall not be discharged or emanate from any licensed marijuana establishment.
4. *Hours of Operation:* Anytime between 8 a.m. and 10 p.m. Monday through Sunday, except that Retail Marijuana Establishment hours are limited on Sunday to the hours of 1 p.m. to 6 p.m.

Retail Marijuana Establishment Permit
Community Development Department

5. The licensed marijuana establishment is subject to inspections by the Community Development Director or designee. Inspections may include review of operations and maintenance records.
6. Store front window glazing shall not be painted or covered with opaque material, but non-reflective tinted glazing is permitted on the building fenestration.
7. Off-premise retail marijuana establishment storage facilities are prohibited.
8. Building Official and Fire Marshal shall conduct a site visit and verify the revised floor plan.
9. Restricted Area occupant load is set at 1 Person/60 SF. Limited Area occupant load is set at 1 Person/300 SF. The licensed premises shall be signed with the maximum allowed occupant load.
10. A minimum of four parking spaces which are depicted on the *Condominium Plat of the West Gunnison Business Plaza Condominiums* shall be dedicated for the exclusive use of the licensed premises.

Gail Davidson

From: Kathleen Fogo <kathleenfogo@earthlink.net>
Sent: Tuesday, July 21, 2015 3:27 PM
To: Gail Davidson
Subject: Pure Industries, LLC Application

Hi Gail – I went through the application by Pure Industries, LLC for a retail marijuana license and have the following comments:

- ✓ 1. The City application is lacking a city sales tax license.
- ✓ 2. On the Owner's consent page, the notary incorrectly completed the notary acknowledgment – Mr. Elam put his name where Ken Bergan's name should be.
- ✓ 3. The primary contact identified in the City's application, which I believe is Will Browne, is different than the primary contact on the state application, which is Lee Oleson. I believe the applicant should sign the oath, not a person with unknown authority to bind the applicant.
- ✓ 4. Pure Industries is an LLC, but on their state application they identified it as an LP, which is incorrect.
- ✓ 5. The City specific items – background check, approved site development application/conditional use application, and approval in general terms from CD must be provided.

Please let me know if you have questions or want to discuss further. Thanks, Kathy

Kathleen L. Fogo, Esq.
Kathleen L. Fogo, P.C.
P.O. Box 7200
137 W. Tomichi Avenue, Suite C
Gunnison, CO 81230
Tel. 970-641-0312
Fax 970-812-4907

STATE OF COLORADO

DEPARTMENT OF REVENUE



Marijuana Enforcement Division



Retail Marijuana Conditional License

PURE INDUSTRIES, LLC

500 West Highway 50, Unit 101, Gunnison, CO 81230

Retail Marijuana Store - 402R-00499

Effective Date of License: September 10, 2015

License Valid Through: 09/10/2016

This license is conditioned upon Local Authority approval, pursuant to section 12-43.4-304(1) C.R.S.

This conditional license is issued subject to the laws of the State of Colorado and especially under the provisions of Title 12, Article 43.4, as amended. A licensee shall not exercise any of the rights or privileges of this license until such time as all such Medical Marijuana and Medical Marijuana-Infused Product are fully transferred and declared in the MITS system as Retail Marijuana and Retail Marijuana Product, pursuant to Rule R211 & R309. This conditional license is nontransferable and shall be conspicuously posted in the place above described. This conditional license is only valid through the expiration date shown above. Any questions concerning this conditional license should be addressed to: Colorado Marijuana Enforcement Division, 455 Sherman Street, Suite 390, Denver, CO 80203. In testimony whereof, I have hereunto set my hand.

W. Lewis Koski

W. Lewis Koski
Division Director

Barbara J. Brohl

Barbara J. Brohl, Executive Director

LOCAL AUTHORITY COPY

Colorado Marijuana Licensing Authority
Retail Business License Application

License Types & Fees (See Application Checklist for details on license types and fees.)			
<input checked="" type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Retail Marijuana Cultivation <input type="checkbox"/> Retail Marijuana Test Facility	<input type="checkbox"/> Tier 1 = 3600 or fewer plants <input type="checkbox"/> Tier 2 = 3601 – 6000 plants <input type="checkbox"/> Tier 3 = 6001–10200 plants	<input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Conversion <input type="checkbox"/> Retail/Medical Marijuana Combined Use <input type="checkbox"/> Affiliated Business	
Applicant's Legal Business Name (Please Print) Pure Industries LLC		Marijuana License Number (Assigned by Division)	
Trade Name (DBA) (Provide Trade Name Registration)		Website Address somacolorado.com	
Physical Address			
Street Address of Marijuana Business 500 West Highway 50, Unit 101		City Gunnison	State ZIP CO 81230
Business Phone Number (970) 349-6640	Business Fax Number (970) 349-6640	Email Address lee@pureindustriesllc.com	
Mailing Address (if different from Business Address)			
Address PO Box 3581		City Crested Butte	State ZIP CO 81224
Primary Contact Person for Business Lee Olesen		Title Owner	Primary Contact Phone Number (970) 901-5158
Primary Contact Address (city, state ZIP) PO Box 3581, Crested Butte CO 81224		Primary Contact Fax Number (970) 349-6640	
Federal Taxpayer ID 27-1305943	Colorado Sales Tax License # 04276966-0003	Email Address lee@pureindustriesllc.com	
Type of Business Structure			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Trust <input type="checkbox"/> Other _____
State of Incorporation or Creation of Business Entity Colorado			Date 2009
Date of Qualification to Conduct Business in Colorado (Provide Certificate of Good Standing from the Colorado Secretary of State's Office) 11/10/2009			
If a Corporation, List all States Where the Corporation is Authorized to Conduct Business			
List all Trade Names used by the Business Entity (other than above)			
Attach copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such. If a corporation, attach copies of all annual and bi-annual reports, SEC filings, if any, and all minutes from all corporate meetings for the past 12 months.			

\$2,500

LOCAL AUTHORITY COPY

LOCAL AUTHORITY COPY

Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. An Associated Key License Application form must be submitted for all persons in a privately held company or a publicly traded corporation, and all officers and directors.

Name Lee Olesen		Title Owner		SSN/FEIN [REDACTED]		DOB 8/26/57		App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address PO Box 4199		City Crested Butte		State CO		ZIP 81224		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) Pure Industries LLC				Own. % Business Associated with 87.2			Effective Own. % in Applicant 87.2		
Name Charles Reynolds		Title Owner		SSN/FEIN [REDACTED]		DOB 12/22/57		App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address 218 Blackstock Drive		City Crested Butte		State CO		ZIP 81224		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) Pure Industries LLC				Own. % Business Associated with 8.53			Effective Own. % in Applicant 8.53		
Name Marc Shen		Title Owner		SSN/FEIN [REDACTED]		DOB 11/23/73		App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address 4365 Darley Ave		City Boulder		State CO		ZIP 80305		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) <i>Pure Industries LLC</i>				Own. % Business Associated with <i>4.27</i>			Effective Own. % in Applicant <i>4.27</i>		
Name		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant		
Name		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant		
Name		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant		
Name		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant		

Are there any outstanding options and warrants?

Yes No *If YES, attach list of persons with outstanding options and warrants

Are there any other persons, other than those listed in the Ownership Structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the Marijuana business?

Yes No *If YES, attach list of persons

Printed Legal Business Name Pure Industries LLC	Printed Trade Name (DBA)
1. Has the applicant, the applicant's parent company or any other intermediary business entity ever applied for a Marijuana license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the applicant, the applicant's parent company or any other intermediary business entity ever been denied a Marijuana license, withdrawn a Marijuana license or had any disciplinary action taken against any Marijuana license that they have held in this or any other jurisdiction, foreign or domestic? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial History	
1. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Has the applicant, the applicant's parent company or any other intermediary business entity filed a bankruptcy petition in the past 5 years, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Is the applicant, the applicant's parent company or any other intermediary business entity currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Has the applicant, the applicant's parent company or any other intermediary business entity been a party to a lawsuit in the past 5 years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past two years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the applicant, the applicant's parent company or any other intermediary business entity completed financial statements, either audited or unaudited, in the past two years? If YES, attach all financial statements completed in the past two years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Has any interest or share in the profits of the sale of Marijuana been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract? If YES, provide details on a separate sheet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.	
10. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.	
Person who maintains Applicant's business records Lee Olesen	Title Owner
Address PO Box 3581, Crested Butte, CO 81224	Phone Number [REDACTED]
Person who prepares Applicant's tax returns, government forms & reports John Roussin	Title CPA
Address 9150 Chesapeake Drive #200	Phone Number [REDACTED]
Location of financial books and records for Applicant's business 423 Belleview Ave. #1, Crested Butte, CO 81224	