

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: 08/12/15
Application Fee Paid: 08/12/15 (see attached fee schedule)
License Fee Paid: 08/12/15
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: Acme Healing Center of Gunnison, LLC
Trade Name of Business (dba): N/A
FEIN: 47-4425218 City Sales Tax # 99-672
State Sales Tax # 29787305-0001
Physical Address of Business: 620 S 9th St Gunnison, CO 81230
Mailing Address of Business: 157 Hwy 550 Ridgway, CO 81432
Business Telephone Number: 970.626.4099
Business Email: aubrey@acmehealingcenter.com
Property Owner Name: Donald Calhoun
Property Owner Address and Phone Number: 38151 W Hwy 50, Gunnison, CO 81230
Building Owner Name: Same 970 275-3332
Building Owner Address and Phone Number: Same

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: Christopher Sanchez

Individual or Sole Proprietorship:

Applicant Full Legal Name: Christopher Sig Sanchez Social Security Number: [REDACTED] DOB: 06 / 02 / 1958

Applicant's Physical Address: 14129 3100 Rd, Hotchkiss CO 81419

Applicant's Mailing Address: 157 Hwy 550 Ridgway CO 81432

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

Applicant's Current Email Address: admin@acmehealingcenter.com, cc: aubrey@acmehealingcenter.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 #: see attached
- Retail Marijuana Establishment License #: see attached
- Marijuana Product Manufacturing License #: _____
- Marijuana Testing License #: _____
- Cultivation Center License #: see attached
- Other License #: _____
- None

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

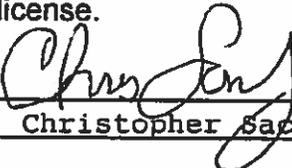
- Type: _____ License #: _____
- Type: _____ License #: _____

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: Christopher Sanchez, Owner
 Date: 08.10.15

(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: 8/13/15 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: 8-21-15 By: [Signature] ^{CD Dept} Sec 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: 9/10/15 By: [Signature] memo attached

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: 09/08/15

Date of Public Hearing: 10/13/15

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 (Email)

BUSINESS NAME: Acme Healing Center of Gunnison, LLC

APPLICANT NAME: Chris Sanchez

STREET ADDRESS OF PROPOSED LICENSED PREMISES:
620 S. 9th St., Gunnison CO 81230

LEGAL DESCRIPTION: Lots 10-13 Blk 8 Rio Grande Addn #626222

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

Don Calhoun aka Donald L. Calhoun Property Owner (Printed Name)

[Signature] Property Owner (Signature)

July 14 2015 Date

(Attach copy of deed or lease in name of the license applicant)

STATE OF COLORADO)
) ss.
COUNTY OF Gunnison)

The foregoing instrument was acknowledged before me this 14th day of July, 2015 by Donald L. Calhoun.

WITNESS my hand and official seal.
My commission expires August 9, 2014

Jessica Mast
Notary Public

JESSICA MAST
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID #20124050417
My Commission Expires August 9, 2016

Retail Marijuana Establishment Permit
Community Development Department

Applicants Name: Acme Healing Center of Gunnison LLC

Applicants Address: 157 Hwy 550 Suit B, Ridgway, Co 81432

Establishment Address: 620 S 9th St, 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	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
Restricted Occupancy 1 PN/60SF & Limited Access 1PN/300SF	Retail establishments shall be located in buildings that comply with occupancy standards established by the International Code Council codes and adopted by the City.
Pending submittal of revised site plan	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 shall comply with all provisions, standards and regulations of the *Land Development Code*.
2. Marijuana-related odors shall not be discharged or emanate from any licensed marijuana establishment.

Retail Marijuana Establishment Permit
Community Development Department

3. *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.
4. The licensed marijuana establishment is subject to inspections by the Community Development Director or designee. Inspections may include review of operations and maintenance records.
5. Store front window glazing shall not be painted or covered with opaque material, but non-reflective tinted glazing is permitted on the building fenestration.
6. Off-premise retail marijuana establishment storage facilities are prohibited.
7. The applicant shall provide a revised floor plan that is legible and drawn to a standard scale for measuring dimensions. The floor plan shall identify public exit and emergency exit points with associated dimensions.
8. Restricted Area occupant load is set at 1Person/60 SF. The licensed premises shall be signed with the maximum allowed occupant load.
9. The applicant shall provide a revised site plan that is legible and to a standard scale for measuring dimensions. The plan shall depict parking, buffering, landscaping and the building foot print .

STATE OF COLORADO

DEPARTMENT OF REVENUE



Marijuana Enforcement Division



Retail Marijuana Conditional License

ACME HEALING CENTER OF GUNNISON, LLC

620 South 9th Street, Gunnison, CO 81230

Retail Marijuana Store - 402R-00503

Effective Date of License: September 23, 2015

License Valid Through: 09/23/2016

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

Chris Sanchez, Owner

Acme Dispensary Inc. 309 Belleview Avenue Crested Butte, CO 81224 County of Gunnison (970) 349-5550 Lic# 402-00519 Lic# 402R-00156	2011 & 2014
Durango Healing Center LLC DBA Acme Healing Center 572 E Third Avenue Durango, CO 81301 County of La Plata (970) 247-2190 Lic# 402-00553	2012
Acme Healing Center of Ridgway, LLC 157 Highway 550 Ridgway, CO 81432 County of Ouray (970) 626-4099 Lic# 402-00833 Lic# 402R-00155	2013 & 2014
Acme Healing Center of Carbondale, LLC 958 Highway 133 Carbondale, CO 81623 County of Garfield (970) 963-7038 Lic# 402R-00347	2014
Acme Healing of Cortez, LLC 980 S Broadway Guess Cortez, CO 81321 Lic#402R-00433	2015
Acme Healing Center of Silverton, LLC 1330 Greene Street Silverton, CO 81433 Lic#402R-00455	2015
Durango Healing Center, LLC DBA Acme Healing Center 1644 CR 203 Durango, CO 81301 Lic#402R-00480	2015
OPC 22327 Highway 550 Ridgway, CO 81432 County of Ouray Lic# 403-00762 Acme Dispensary Inc. Lic# 403R-00205 Acme Dispensary Inc. Lic# 403-01278 Acme Healing Center of Ridgway, LLC Lic# 403R-00204 Acme Healing Center of Ridgway, LLC Lic# 403-00712 Durango Healing Center LLC DBA Acme Healing Center Lic# 403R-00525 Durango Healing Center, LLC DBA Acme Healing Center	

* 2500.00

DR 8548 (12/04/14)
COLORADO DEPARTMENT OF REVENUE
Marijuana Enforcement Division
455 Sherman Street, Suite 390
Denver CO 80203

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"/> Tier 1 = 3600 or fewer plants	<input type="checkbox"/> Retail Marijuana Products Manufacturer
<input type="checkbox"/> Retail Marijuana Cultivation		<input type="checkbox"/> Tier 2 = 3601 – 6000 plants	<input type="checkbox"/> Conversion
<input type="checkbox"/> Retail Marijuana Test Facility		<input type="checkbox"/> Tier 3 = 6001–10200 plants	<input type="checkbox"/> Retail/Medical Marijuana Combined Use
			<input type="checkbox"/> Affiliated Business
Applicant's Legal Business Name (Please Print) Acme Healing Center of Gunnison, LLC		Marijuana License Number (Assigned by Division)	
Trade Name (DBA) (Provide Trade Name Registration) N/A		Website Address acmehealingcenter.com	
Physical Address			
Street Address of Marijuana Business 620 S 9th St		City Gunnison	State ZIP CO 81230
Business Phone Number (970) 626-4099	Business Fax Number	Email Address aubrey@acmehealingcenter.com	
Mailing Address (if different from Business Address)			
Address 157 Hwy 550		City Ridgway	State ZIP CO 81432
Primary Contact Person for Business Christopher Sanchez		Title Owner	Primary Contact Phone Number (970) 210-1539
Primary Contact Address (city, state ZIP) 14129 3100 Rd, Hotchkiss CO 81419		Primary Contact Fax Number	
Federal Taxpayer ID 47-4425218	Colorado Sales Tax License # 29787305-0001	Email Address aubrey@acmehealingcenter.com	
Type of Business Structure			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input 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 07.03.2015
Date of Qualification to Conduct Business in Colorado (Provide Certificate of Good Standing from the Colorado Secretary of State's Office) Provided			
If a Corporation, List all States Where the Corporation is Authorized to Conduct Business N/A			
List all Trade Names used by the Business Entity (other than above) N/A			
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.			

LOCAL AUTHORITY COPY

1. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company, or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state);			
(a) been denied a privileged license (ie: Liquor, Gaming, Racing and Marijuana)?		<input type="checkbox"/> <input checked="" type="checkbox"/>	
(b) had a privileged license (ie: Liquor, Gaming, Racing and Marijuana) suspended or revoked?		<input type="checkbox"/> <input checked="" type="checkbox"/>	
(c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing and Marijuana) license denied, suspended or revoked?		<input checked="" type="checkbox"/> <input type="checkbox"/>	
If you answered yes to 2a, b or c, explain in detail on a separate sheet. 8/3/2015			
3. Has a Marijuana license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.		<input checked="" type="checkbox"/> <input type="checkbox"/>	
4. Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession. Deed, Title, sale or lease agreements etc. <input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____			
(a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:			
Landlord Donald Calhoun	Tenant Acme Healing Center of Gunnison, LLC	Expires 07.01.2018	
Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business, including security equipment locations. This diagram should be no larger than 8 1/2" X 11". (It does not have to be to scale)			
5. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Attach a separate sheet if necessary.			
Name	Date of Birth	FEIN OR SSN	Interest
Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.			
Local Licensing Authority (To be filled out by Applicant)			
Local Licensing Authority/Department City of Gunnison Council		Address 209 Virginia Ave, Gunnison CO 81230	
Local Licensing Authority contact name Gail Davidson	Contact Phone (970) 641-8140	Contact Email gail@cityofgunnison.com	
6. Has the Applicant filed for a retail marijuana cultivation?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What City or County? (Fill out a separate and complete application)			
7. Does the Retail Applicant have evidence of a good and sufficient bond in the amount of \$5,000.00 in accordance with 12-43.4-303 C.R.S. (Include evidence with application)?		<input checked="" type="checkbox"/> <input type="checkbox"/>	
Printed Legal Business Name Acme Healing Center of Gunnison, LLC	Printed Trade Name (DBA) N/A		

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 Christopher Sanchez		Title Owner	SSN/FEIN [REDACTED]	DOB 06/02/1958	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address 14129 3100 Rd		City Hotchkiss	State CO	ZIP 81419	Phone Number (970) [REDACTED]
Business Associated with (Parent business or sub-entity) Acme Healing Center of Gunnison, LLC		Own. % Business Associated with 100%		Effective Own. % in Applicant 100%	
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	
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 Acme Healing Center of Gunnison, LLC		Printed Trade Name (DBA) N/A	
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 Lewis & CO CPAs PC		Title CPA	
Address 137 Jay Ave Cedaredge CO 81413		Phone Number (970) 856-4144	
Person who prepares Applicant's tax returns, government forms & reports Lewis & CO CPAs PC		Title CPA	
Address 137 Jay Ave Cedaredge CO 81413		Phone Number (970) 856-4144	
Location of financial books and records for Applicant's business 137 Jay Ave Cedaredge CO 81413			