



To: City Councilors
CC: City Manager Mark Achen
From: City Clerk Gail Davidson *GA*
Date: August 18, 2016
RE: MJ Establishment Public Hearing

Councilors:

Ordinance No. 5, Series 2015, establishes rules, standards and policies for licensing and regulating marijuana establishments in the City of Gunnison. A Transfer of Ownership of a marijuana establishment license is authorized in *Gunnison Municipal Code Section 8.50.090 Transfer of Ownership*. One provision states that a Public Hearing be held on the application. On a transfer application, the City's review focuses on the legal possession and financial documents of the applicants, checks that no changes or modifications have been made to the licensed premises that would need additional review and approval, and conducting the local background checks on the applicants.

The City has received an application for Transfer of Ownership of the City/State licensed retail marijuana store establishment. The application for Transfer is from Best Buds Inc., dba Best Buds, for the East River Management LLC dba Growhouse Gunnison Retail Store License, located at 811 N. Main Street. Staff has noted some items that need clarification prior to a public hearing being held. The applicant is in process of making those clarifications. The City application form is attached. The full state application will be provided for the public hearing packet.

I am requesting the public hearing on the Transfer of Ownership application be set for 7PM, Tuesday, September 13, 2016, after the required legal notice and posting takes place. Please let me know if you have any questions.

Thank you,
Gail

Action Requested of Council: A motion, second and vote to set a Public Hearing for 7:00 P.M. on Tuesday, September 13, 2016, in the City Council Chambers of City Hall, 201 W. Virginia Ave., Gunnison, CO on the Transfer of Ownership Application from Best Buds, Inc., for the Retail Marijuana Store located at 811 N. Main Street in Gunnison, CO.

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: 07/22/16
Application Fee Paid: 07/22/16 (see attached fee schedule)
License Fee Paid: - 1 - 1 -
Application Received By: SM

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 *of retail store*
- Transfer of License Location
- Other (please specify) _____

BUSINESS PREMISES INFORMATION

Legal Business Name: Best Buds Inc.
Trade Name of Business (dba): Best Buds Inc.
FEIN: 47-5142556 City Sales Tax # 99-881
State Sales Tax # 30052824
Physical Address of Business: 811 North Main
Mailing Address of Business: 2078 Whisper Ct. Grand Jct, CO, 81502
Business Telephone Number: 801-903-8410
Business Email: bestbudsincl5@gmail
Property Owner Name: CWC Holdings LLC
Property Owner Address and Phone Number: 2200 So Valerius St Denver, CO 80231
Building Owner Name: Craig Clark
Building Owner Address and Phone Number: 720-840-7634

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: BEST BUDS INC.

Individual or Sole Proprietorship:

Applicant Full Legal Name: KENNETH LEE CLICK Social Security Number: [REDACTED] DOB: [REDACTED]

Applicant's Physical Address: 2688 WHISPER CT, GRAND JCT, CO. 81503

Applicant's Mailing Address: 2688 WHISPER CT, GRAND JCT, CO. 81503

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

Applicant's Current Email Address: bestbuds15@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 #: _____
- 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: [Handwritten Signature]

Printed Name and Title: Kenneth L. Click President

Date: 6/20/14

