

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: 04/08/16
Application Fee Paid: 04/08/16 (see attached fee schedule)
License Fee Paid: 04/08/16
Application Received By: TK

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: THE POT SHOP LLC
Trade Name of Business (dba): N/A The Pot Shop
FEIN: 47-1167153 City Sales Tax # 99-785
State Sales Tax # 31018608-0000
Physical Address of Business: 905 N MAIN ST B GUNNISON CO 81230
Mailing Address of Business: 130 TAWANKA TRL GUNNISON CO 81230
Business Telephone Number: 970-209-7507
Business Email: CPTSHALB@NETZERO.NET
Property Owner Name: DREW BENNETT
Property Owner Address and Phone Number: 905 N Main St. Unit B
Building Owner Name: SAME as above
Building Owner Address and Phone Number: 970-275-8240

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: JONATHAN BILLINGSLEY
Individual or Sole Proprietorship:

Applicant Full Legal Name: JONATHAN FLOYD BILLINGSLEY Social Security Number: [REDACTED] DOB: [REDACTED]

Applicant's Physical Address: 130 TAWANKA TRL Gunnison CO 81230

Applicant's Mailing Address: SAME

Applicant's Home and Cell Phone Numbers: 970-209-7567

Applicant's Current Email Address: CPTSHAKE@NETZERO.NET

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 #: 403R-00337
- 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: JONATHAN BILLINGSLEY OWNER
Date: 3/15/16

(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: 5/2/16 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: _____ By: _____

FINANCE DEPARTMENT

- Compliance with sales tax collection and remittance Code requirements

Date approved: 4/28/16 By: [Signature]

POLICE DEPARTMENT

- Successful completion of local background checks and investigations

Date approved: 5/2/16 By: [Signature]

PUBLIC WORKS DEPARTMENT

- Compliance with City Utilities Codes

Date approved: 4-26-16 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: ___/___/___

Date of Public Hearing: ___/___/___

APPLICATION APPROVED: ___/___/___

APPLICATION DENIED: ___/___/___

