

**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: 04/22/16  
Application Fee Paid: 04/22/16 (see attached fee schedule)  
License Fee Paid: 04/22/16  
Application Received By: AM

**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: Frozen Smoke, LLC.  
Trade Name of Business (dba): Frozen Smoke, LLC.  
FEIN: 81-1287197 City Sales Tax # \_\_\_\_\_  
State Sales Tax # 30186769-0000  
Physical Address of Business: 500 W Highway 50 Unit 103, Gunnison, CO 81230-3937  
Mailing Address of Business: 500 W Highway 50 Unit 103, Gunnison, CO 81230-3937  
Business Telephone Number: 970-209-7451  
Business Email: frozensmokedispensary@gmail.com  
Property Owner Name: Kadlec Fritz D  
Property Owner Address and Phone Number: 500 W Highway 50 Unit 105 (970) 641-7377  
Building Owner Name: Kadlec Fritz D  
Building Owner Address and Phone Number: 500 W Highway 50 Unit 105 (970) 641-7377

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: Staci Renee Davis

Individual or Sole Proprietorship:

Applicant Full Legal Name:

Staci Renee Davis

Social Security Number

[REDACTED]

DOB:

[REDACTED]

Applicant's Physical Address: 760 Crawford Avenue, Delta, CO 81416

Applicant's Mailing Address: 760 Crawford Avenue, Delta, CO 81416

Applicant's Home and Cell Phone Numbers: 970-209-7451

Applicant's Current Email Address: frozensmokedispensary@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: \_\_\_\_\_

*Staci Davis*

Printed Name and Title: Staci Renee Davis, Owner

Date: April 16, 2016

(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: 3/2/16 By: [Signature]

PUBLIC WORKS DEPARTMENT

- Compliance with City Utilities Codes

Date approved: 5/2/16 By: verbal from Lex Bradford

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**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: \_\_\_/\_\_\_/\_\_\_

