

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](mailto: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: - / - / -  
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 *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: [REDACTED] City Sales Tax # 99-881  
State Sales Tax # [REDACTED]  
Physical Address of Business: 811 North Main  
Mailing Address of Business: 2078 Whisper Ct. Grand Jct, CO, 81503  
Business Telephone Number: 801-903-8410  
Business Email: bestbudsincl5@gmail  
Property Owner Name: CWC Holdings LLC  
Property Owner Address and Phone Number: [REDACTED]  
Building Owner Name: Craig Clark  
Building Owner Address and Phone Number: [REDACTED]

Dewber  
80231

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 BUDDS 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: CELL # [REDACTED]

Applicant's Current Email Address: bestbudds15@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: [Signature]  
 Printed Name and Title: Kenneth L. Click President  
 Date: 6/20/11



**(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: 8/11/16 By: 7/26/16

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: 7/26/16 By: see attached

FINANCE DEPARTMENT

- Compliance with sales tax collection and remittance Code requirements

Date approved: 7/26/16 By: [Signature]

POLICE DEPARTMENT

- Successful completion of local background checks and investigations

Date approved: 8/22/16 By: [Signature]

PUBLIC WORKS DEPARTMENT

- Compliance with City Utilities Codes

Date approved: n/a By: \_\_\_\_\_

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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: 08/23/16

Date of Public Hearing: 09/13/16

APPLICATION APPROVED:    /   /   

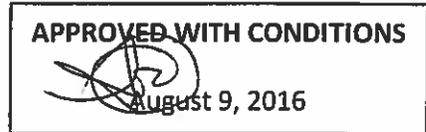
APPLICATION DENIED:    /   /

## Retail Marijuana Establishment Permit Community Development Department

Applicants Name: Best Buds, Inc.

Applicants Address:

Establishment Address: 811 N. Main Street, Gunnison, CO 81230



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 w/ Conditions	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.
CHECKED	<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	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
1/ 60 sq ft = 10 max occ	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 w/ Parking & Landscape Conditions	Retail establishments shall be located on lots in buildings that comply with the regulations in the Land Development Code 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. Said marijuana establishment shall comply with all provisions, standards and regulations of the *Land Development Code* and all relevant building, mechanical and fire codes adopted by the City.
2. The facility is partitioned with the Retail Establishment comprising approximately 1,422 square feet (sf), and the remaining building floorplan ( $\pm 3,152$  sf), is identified as "storage." Any future change in use for the designated storage floor area shall be subject to review and approval by the Community Development Director.
3. A minimum for 4 exterior parking spaces shall be dedicated to accommodate parking demand associated with the accessory "storage" use as depicted on the floor plans.
4. The parking facilities will include an 8' perimeter landscaping island pursuant to Section 4.6. G.2 of the *City of Gunnison Land Development Code* and as depicted on the site plan submittal on file that was approved on November 3, 2015.
5. Building occupancy for the licensed retail marijuana establishment shall be subject to a final inspection and approval by the Building Official, Fire Marshal and Director Community Development.

# STATE OF COLORADO

## DEPARTMENT OF REVENUE



### Marijuana Enforcement Division



### Retail Marijuana Conditional License

**BEST BUDS, LLC**

811 North Main Street, Gunnison, CO 81230

Retail Marijuana Store - 402R-00507

License Valid Through: 10/01/2017

**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 inventory tracking 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.

Handwritten signature of James Burack in black ink.

James Burack  
Division Director

Handwritten signature of Barbara J. Brohl in black ink.

Barbara J. Brohl, Executive Director

# LOCAL AUTHORITY COPY

## Change of Ownership/Structure

Directions: Submit this form, written documentation of proposed transfer(s) or change(s), the transfer of ownership fee, and any applicable associated key applications for new members of the ownership/control structure of the licensed entity.

Current Licensed (Legal) Business Name <i>EAST RIVER MANAGEMENT MEDICAL</i>		Trade Name (DBA) <i>Growhouse</i>		License Number <i>402R-00507</i>	
Physical Address <i>811 NORTH MAIN ST.</i>		City <i>GUNWISON</i>	State <i>CO</i>	ZIP <i>81230</i>	
Mailing Address (if different)		City	State	ZIP	

### Check Applicable box(es)

- Reallocation of ownership/control among current ownership group\*\*
- Distributing ownership to new persons who will have ownership or controlling interest\*
- Change of business entity name or structure\*\*

\* Requires an appointment

\*\* May be submitted in person or by mail with all attachments and requisite fees without an appointment

### Questions

Is this ownership change, transfer or change of financial interest being submitted 30 days prior to the transfer or change being completed?  Yes  No

Has the licensed entity requesting the changes or transfers detailed in this application received local approval for the changes? (Submit proof of local approval with this form)  Yes  No *Verbal By Phone*

### Current Ownership Structure Prior to Transfer/Change\*\*

List all persons and/or entities with 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.

Name <i>Craig Clark</i>	Title <i>Owner</i>	SSN/FEIN <i>[REDACTED]</i>	DOB <i>[REDACTED]</i>	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address <i>[REDACTED]</i>	City <i>Cherry Hills North</i>	State <i>CO</i>	ZIP <i>80113</i>	Phone Number <i>[REDACTED]</i>
Business Associated with (Parent business or sub-entity) <i>NA</i>	Own. % Business Associated with	Effective Own. % in Applicant <i>100</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		

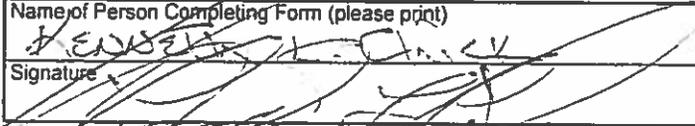
\*\* List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity and their effective ownership in the license. Use additional sheets or attachments if necessary.

**Proposed Ownership Structure After Transfer/Change\***

Applicant's New (Legal) Business Name <b>BEST BUDDS INC.</b>				New Trade Name (DBA) <b>BEST BUDDS INC.</b>			
Physical Address <b>811 NORTH MAIN ST.</b>				City <b>GUNNISON</b>		State <b>COLO.</b>	ZIP <b>81230</b>
Mailing Address (if different) <b>811 NORTH MAIN ST.</b>				City <b>GUNNISON</b>		State <b>COLO.</b>	ZIP <b>81230</b>
Name <b>KENNETH L. CHICK</b>		Title <b>PRESIDENT</b>		SSN/FEIN <b>[REDACTED]</b>		DOB <b>[REDACTED]</b>	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address <b>2688 WHISPER CT.</b>				City <b>GUNNISON</b>		State <b>COLO</b>	ZIP <b>81503</b>
Phone Number <b>[REDACTED]</b>							
Business Associated with (Parent business or sub-entity) <b>NONE</b>				Own. % Business Associated with <b>100%</b>		Effective Own. % in Applicant <b>100%</b>	
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	

\*List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity and their effective ownership in the license. Use additional sheets or attachments if necessary.

*I, the undersigned, as authorized agent of the Applicant, do hereby certify that I have not knowingly made a false statement or omitted any material fact on this application or any attachments, which could be cause for denial of the application or termination of any Medical or Retail Marijuana license. I authorize the Colorado Marijuana Enforcement Division to investigate matters set forth in this license application. I understand that further information may be requested of me in regard to this application and I agree to supply such information upon request, within 7 calendar days.*

Name of Person Completing Form (please print) <b>KENNETH L. CHICK</b>						Title <b>PRESIDENT</b>	
Signature 						Date <b>7/19/16</b>	

# Affirmation & Consent

KENNETH L. CHICK, as an owner/principal for this licensee, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Business License Change of Ownership/Structure Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana License, and for 90 days following the expiration or surrender of such Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

**Print Full Legal Name of Owner/Principal clearly below:**

Applicant's Legal Business Name <u>BEST BUYS INC</u>	Trade Name (DBA) <u>BEST BUYS INC</u>
---------------------------------------------------------	------------------------------------------

Last Name of Owner/Principal (Please Print) <u>CHICK</u>	First Name of Owner/Principal <u>KENNETH</u>	Middle Name of Owner/Principal <u>LEE</u>
-------------------------------------------------------------	-------------------------------------------------	----------------------------------------------

Signature 	Date <u>7-19-2016</u>
-------------------------------------------------------------------------------------------------	--------------------------

State of Colorado County of Mesa Subscribed and sworn to (or affirmed)

before me this 19th day of July, 2016, in Grand Junction  
(City)

Colorado, by Kenneth L Chick  
(State) (Applicant's Printed Name)

Signature of Notary Public  


Printed Name of Notary Public  
Sarah Hevel

My Commission Expires  
02/01/2018

Signature of Marijuana Enforcement Division agent presenting this request

Date

Notary Seal

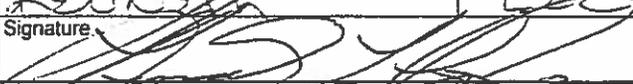
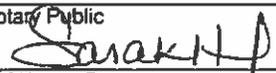


# Investigation Authorization Authorization to Release Information

I, KENNETH L. CHICK, as an owner/principal for this licensee, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "non-public" under the provisions of state or federal laws. I understand by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "non-public" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

**Print Full Legal Name of of Owner/Principal clearly below:**

Applicant's Legal Business Name <u>BEST BECKS INC</u>		Trade Name (DBA) <u>BEST BECKS INC</u>	
Last Name of Owner/Principal (Please Print) <u>Chick</u>		First Name of Owner/Principal <u>KENNETH</u>	Middle Name of Owner/Principal <u>LEE</u>
Title of Owner/Principal <u>President</u>		Signature 	Date <u>7/19/16</u>
State of <u>Colorado</u> , County of <u>mesa</u> Subscribed and sworn to (or affirmed)			Notary Seal
before me this <u>19<sup>th</sup></u> day of <u>July</u> , 20 <u>16</u> , in <u>Grand Junction</u> <small>(City)</small>			
<u>Colorado</u> by <u>Kenneth Lee Chick</u> <small>(State) (Applicant's Printed Name)</small>			
Signature of Notary Public 			
Printed Name of Notary Public <u>Sara K Hevel</u>			
My Commission Expires <u>02/01/2018</u>			
Signature of Marijuana Enforcement Division agent presenting this request		Date	

Printed Legal Business Name

BEST BUDDS INC.

Printed Trade Name (DBA)

BEST BUDDS INC.

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.

Yes  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.

Yes  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, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.

Yes  No

2. 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.

Yes  No

3. 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.

Yes  No

4. 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.

Yes  No

5. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past two years?

Yes  No

6. 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.

Yes  No

7. 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.

Yes  No

8. 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.

9. 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

Kenneth L. Chick

Title

President

Address

2688 Whisper Ct. Grewa, IA, IA 81503

Phone Number

[REDACTED]

Person who prepares Applicant's tax returns, government forms & reports

Allen Watkins CPA

Title

CPA

Address

2754 Compass Dr. Grewa, IA, IA 81503

Phone Number

(719) 242-3260

Location of financial books and records for Applicant's business

2688 Whisper Ct. Grewa, IA, IA 81503

### 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 <u>KENNETH L. CHICK</u>		Title <u>President</u>		SSN/FEIN <u>[REDACTED]</u>		DOB <u>[REDACTED]</u>		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address <u>2688 WHISPER CT.</u>		City <u>Franklin</u>		State <u>CO</u>		ZIP <u>80503</u>		Phone Number <u>[REDACTED]</u>	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with <u>100%</u>			Effective Own. % in Applicant <u>100</u>		
Name		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number ( )	
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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

# Affirmation & Consent

I, KENNETH L. CHICK, as an authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Retail Marijuana Business License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial or revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana License, and for 90 days following the expiration or surrender of such Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

**Print Full Legal Name of Owner/Principal clearly below:**

Applicant's Legal Business Name: BEST BUDS INC. Trade Name (DBA): BEST BUDS INC.

Last Name of Owner/Principal (Please Print): CHICK First Name of Owner/Principal: KENNETH Middle Name of Owner/Principal: LEE

Signature: [Handwritten Signature] Date: 7/21/19

State of Colorado County of Denver Subscribed and sworn to (or affirmed)

before me this 21<sup>st</sup> day of July, 2019, in Denver (City)

Colorado (State), by Kenneth Lee Chick (Applicant's Printed Name)

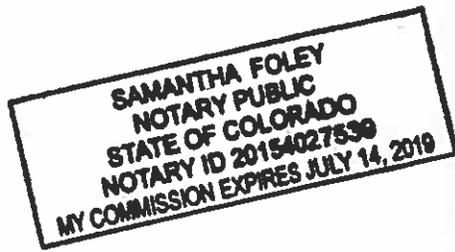
Signature of Notary Public: [Handwritten Signature]

Printed Name of Notary Public: Samantha Foley

My Commission Expires: 7/14/19

Signature of Marijuana Enforcement Division agent presenting this request

Date





## MARIJUANA OWNERSHIP AND FUNDING CERTIFICATION

Medical Marijuana Business

Retail Marijuana Establishment

On behalf of the Applicant, I certify under the penalty of perjury on the date signed:

- The ownership described below is accurate and complete and includes *all* shareholders or other owners of the Applicant business entity, including members of business entities that share in the ownership in the Applicant business entity – including management and/or consulting companies, no matter how slight the ownership interest.
- The list of associated persons below is complete and includes *all* corporate or company officers, directors (including outside or independent directors), partners, and all persons who have the ability to exercise control over the management policies of the Applicant entity, along with accurate titles or positions.

**Note:** Business entities that own the Applicant business entity, in whole or in part, must provide details of their ownership structure.

On behalf of the Applicant, I further certify under the penalty of perjury that on the date signed:

- All investments and funds used to start and/or finance this Applicant's business entity have been disclosed and accurately reported.
- These investments and funds were obtained from fully disclosed, legal and legitimate sources.
- These investments and funds are not involved in any criminal or money laundering activity, are clear and unencumbered, and are not derived from any illegal activities.

*Upon signature below the applicant also understands and agrees no change of ownership or change of location will be accepted by the State Licensing Authority, Marijuana Enforcement Division until the applicant's license(s) are approved. (Retail Only)*

<p>x Signature <u>Kenneth L. Chick</u> Typed or Printed Name</p>	<p><u>President</u> Title or Position <u>BEST BUDS INC.</u> Business Name</p>	<p><u>100</u> Ownership % <u>402R-00507</u> MED Lic. #</p>
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County of Mesa State of Colorado

Subscribed and sworn to (or affirmed) before me this 19<sup>th</sup> day of July 2016 in Gram Junction, Colorado

Sara K. Hevel  
Notary Public Signature  
Sara K. Hevel  
Printed Name of Notary Public

Notary Public, State of Colorado  
My Commission Expires 02/01/2018





OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**Best Buds, Inc.**

is a **Corporation** formed or registered on 09/22/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151605050.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/21/2015 that have been posted, and by documents delivered to this office electronically through 09/22/2015 @ 14:51:57.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 09/22/2015 @ 14:51:57 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9312472.



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice. *A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click Business Center and select "Frequently Asked Questions"*



(The following statement is adopted by marking the box.)

The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name  
(if an individual) Chick Ken  
(Last) (First) (Middle) (Suffix)

or

(if an entity)  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 2688 Whisper Ct.  
(Street number and name or Post Office Box information)

Grand Junction CO 81503-6607  
(City) (State) (ZIP Postal Code)  
United States.  
(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

The corporation is authorized to issue 50,000 common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

Information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

6. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

**Notice:**

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

Livingston J. Richard  
*(Last) (First) (Middle) (Suffix)*  
2764 Compass Dr.  
*(Street number and name or Post Office Box information)*  
Ste 200A  
Grand Junction CO 81506  
*(City) (State) (ZIP/Postal Code)*  
United States  
*(Province - if applicable) (Country)*

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).