City of Lafayette

# CITY OF LAFAYETTE
# EMPLOYEE KEY
# MEDICAL MARIJUANA
# LICENSE APPLICATION

CITY OF LAFAYETTE

Employee Key Application Instructions

## *APPLICATION CHECKLIST*

☐ *1* **License Type**

Employee Key: Any manager, supervisor or lead worker, who acts as a Key employee or agent while physically working in a licensed establishment, Optional Premises or Infused Products Manufacturer location.

☐ *2* **Application Completed & Signed**

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact the City of Lafayette, City Clerk's Office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application.

**Notice:** You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement (available at any State of Colorado Medical Marijuana Enforcement Division office) stating you do not have a social security number.

☐ *3* **Attachments**

The following must be attached:

- ☐ Certified copy of DD214, if applicable

☐ *4* **Make an Appointment to Bring in Application and All Attachments:** **Lafayette City Clerk 303-665-5588 Ext. 3313**
City of Lafayette
1290 South Public Road
Lafayette, CO 80026

☐ *5* **Application Fee**

Submit appropriate application and licensing fees as listed on the City of Lafayette Medical Marijuana Business License Application.

LAFPD (05/28/11)
**CITY OF LAFAYETTE**
1290 SOUTH PUBLIC ROAD
LAFAYETTE, CO 80026

| Medical Marijuana License Number (Leave Blank) |
|---|
| |

# Employee Key License Application Form

| Applicant's Last Name (Please Print) | First Name (Please Print) | Middle Name |
|---|---|---|
| | | |

| If Associated Person or Associated Key, Name of Medical Marijuana Licensee Associated With | Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary) | Nicknames, Ailases, Etc. Used (Full Name) (Attach separate sheet if necessary) |
|---|---|---|
| | | |

| Sex ☐M ☐F | Race | Date of Birth | Social SecurityNumber | Other Social Security Numbers Used ☐Yes ☐No If yes attach details. |
|---|---|---|---|---|
| | | | | |

| Place of Birth: City | State | Country | Drivers License Number and State |
|---|---|---|---|
| | | | |

| Physical Appearance ⇨ | Height | Weight | Hair Color | Eye Color | Scars/Tattoos ☐Yes ☐No *If yes explain on a separate sheet* |
|---|---|---|---|---|---|
| | | | | | |

| U.S. Citizen ☐Yes ☐No | CO Resident ☐Yes ☐No | *If "No", include details here: (Attach separate sheet if necessary) | Date of Residency | Alien Registration Number |
|---|---|---|---|---|
| | | | | |

**Physical Address**

| Address | City | County | State | ZIP |
|---|---|---|---|---|
| | | | | |

| Length of time at this Address: Year(s) | Month(s) | Home Phone Number ( ) | Cell Phone Number ( ) | Email Address |
|---|---|---|---|---|
| | | | | |

**Mailing Address (if different from Physical Address)**

| Address | City | State | ZIP |
|---|---|---|---|
| | | | |

List all addresses where you have lived during the last 10 years, not including present address, (attach separate sheet if necessary)

| Street and Number | City/State/ZIP | From | To |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Name of licensed Medical Marijuana business where you will be working | Work Phone Number ( ) | Job Title |
|---|---|---|
| Name of present employer, if different from above | Work Phone Number ( ) | Occupation or Job Title |

Do you currently possess a Colorado support Medical Marijuana license or are you an associated person in any other type of Colorado Medical Marijuana license?

☐ Yes ☐ No *If "Yes", indicate license type and number here: _____

Have you ever applied before for a Medical Marijuana license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? (Not including your medical marijuana patient card)

☐ Yes ☐ No *If "Yes", explain here: _____

Have you ever been denied a Medical Marijuana license, withdrawn a Medical Marijuana license application or had any disciplinary action taken against any Medical Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction?

☐ Yes ☐ No *If "Yes", explain here: _____

| Applicant's Signature | Date |
|---|---|
| | |

| Applicant's Last Name (Please Print) | First Name (Please Print) | Middle Name |
|---|---|---|
| | | |

**NOTICE:** The Employee Key License Application Form is an official document. If you provide false information on your Medical Marijuana license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The City of Lafayette will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.

If you need clarification of any of the following questions, please contact the City of Lafayette, City Clerk's Office.

| | | |
|---|---|---|
| 1. | Have you ever been convicted of a felony at any time regarding the possession, distribution, or use of a controlled substance? | ☐ Yes ☐ No |
| 2. | Have you served a sentence, including probation or parole, within the past 5 years upon conviction for any felony, even if the conviction occurred more than 5 years ago? | ☐ Yes ☐ No |
| 3. | Are you a licensed Physician making patient recommendations? | ☐ Yes ☐ No |
| 4. | Have you had your authority to act as a primary caregiver revoked by the State Health Agency? | ☐ Yes ☐ No |
| 5 | Are you under 21 years of age at the time of this application? | ☐ Yes ☐ No |
| 6. | Are you the spouse or child living in the household of any person employed by the Colorado Medical Marijuana Enforcement Division? | ☐ Yes ☐ No |
| 7. | Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the medical marijuana state licensing authority or a local licensing authority? | ☐ Yes ☐ No |

If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Medical Marijuana license.

| I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Medical Marijuana license if at any time in the future I can ever answer "Yes" to any of the questions above. | |
|---|---|
| Applicant's Signature | Date |

| Applicant's Last Name (Please Print) | First Name | Middle Name |
|---|---|---|
| | | |

## Education

| High School Name | | Location | | |
|---|---|---|---|---|
| Major | Dates Attended From | To | Graduate ☐ Yes ☐ No | Degree Earned |
| College/Vo-Tech Name (Submit diploma copy) | | Location | | |
| Major | Dates Attended From | To | Graduate ☐ Yes ☐ No | Degree Earned |
| Other College/School Name (Submit diploma copy) | | Location | | |
| Major | Dates Attended From | To | Graduate ☐ Yes ☐ No | Degree Earned |
| Other College/School Name (Submit diploma copy) | | Location | | |
| Major | Dates Attended From | To | Graduate ☐ Yes ☐ No | Degree Earned |

## Employment and Business Association History

Beginning with your current employment, list all jobs you have held in the past 10 years, but not prior to age 18. Also, list all businesses with which you have been associated, including all corporations, partnerships or any other business ventures with which you have been associated, including as an officer, director, stockholder, partner, limited partner, member, or in any other related capacity.

| Employer/Business Name | Dates (from-to) | Title | Description of Duties | Reason for Leaving |
|---|---|---|---|---|
| | Address (include ZIP code) | | | Supervisor's Name |
| Employer/Business Name | Dates (from-to) | Title | Description of Duties | Reason for Leaving |
| | Address (include ZIP code) | | | Supervisor's Name |
| Employer/Business Name | Dates (from-to) | Title | Description of Duties | Reason for Leaving |
| | Address (include ZIP code) | | | Supervisor's Name |
| Employer/Business Name | Dates (from-to) | Title | Description of Duties | Reason for Leaving |
| | Address (include ZIP code) | | | Supervisor's Name |
| Employer/Business Name | Dates (from-to) | Title | Description of Duties | Reason for Leaving |
| | Address (include ZIP code) | | | Supervisor's Name |
| Employer/Business Name | Dates (from-to) | Title | Description of Duties | Reason for Leaving |
| | Address (include ZIP code) | | | Supervisor's Name |

Applicant's Initials _____

| Applicant's Last Name (Please Print) | First Name | Middle Name |
|---|---|---|
| | | |

## Military Information

Have you ever served in any armed forces? (Please provide certified copy of DD214)

☐ Yes ☐ No If "Yes": ☐ Active ☐ Reserve

| Branch | Service Number | Date of Service | Type of Discharge | Grade/Rank |
|---|---|---|---|---|
| | | | | |

While in military service, were you ever arrested for an offense in violation of UCMJ?

☐ Yes ☐ No If "Yes", explain in detail on a separate sheet and attach it to your application.

## Criminal History

1. Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, or use of a controlled substance? ☐ Yes ☐ No

2. In the last 10 years have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY non-drug or non-narcotic related crime or offense in any manner in this or any other country? ☐ Yes ☐ No
   - You must include ALL arrests, charges, and convictions in the last 10 years, but not prior to the age of 18, regardless of the outcome, even if the charges were dismissed or you were found not guilty.
   - You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).
   - You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody.
   - NOTICE: Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action.

*If you answered YES, explain in detail on the sheet provided. For each offense for which you were arrested or charged, **YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE.** This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.

3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country? ☐ Yes ☐ No

4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? ☐ Yes ☐ No

*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.

Applicant's Initials _____

| Applicant's Last Name (Please Print) | First Name | Middle Name |
|---|---|---|
| | | |

LAFPD (05/28/11)
**CITY OF LAFAYETTE**

# ARREST DISCLOSURE FORM

If, since turning age 18, you have ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution or use of a controlled substance, you must disclose this information to the City of Lafayette.

If you have been arrested in the past 10 years, given a summons, or been convicted of any non-narcotic offense, you must disclose this information to the City of Lafayette.

Any person licensed by the City of Lafayette, and any associated person to a licensee, must make written notification to the City of Lafayette, City Clerk's Office, of any criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

**Please List Each Offense Separately**

| 1 | Date of Offense | Place of Offense |
|---|---|---|
| Arresting Agency | | |
| Original Charge | | |
| Disposition Narrative — Must also provide official documentation (except for minor traffic offense). | | |
| | | |
| | | |
| | | |
| | | |

| 2 | Date of Offense | Place of Offense |
|---|---|---|
| Arresting Agency | | |
| Original Charge | | |
| Disposition Narrative — Must also provide official documentation (except for minor traffic offense). | | |
| | | |
| | | |
| | | |
| | | |

| Printed Name | MMED License Number (not Patient ID #) |
|---|---|
| Signature | Date |

| Applicant's Last Name (Please Print) | First Name | Middle Name |
|---|---|---|
| | | |

LAFPD (05/28/11)
**CITY OF LAFAYETTE**

# ARREST DISCLOSURE FORM

(Continued)

**Please List Each Offense Separately**

| 3 | Date of Offense | Place of Offense |
|---|---|---|
| Arresting Agency | | |
| Original Charge | | |
| Disposition Narrative — Must also provide official documentation (except for minor traffic offense). | | |

| 4 | Date of Offense | Place of Offense |
|---|---|---|
| Arresting Agency | | |
| Original Charge | | |
| Disposition Narrative — Must also provide official documentation (except for minor traffic offense). | | |

| Printed Name | MMED License Number (not Patient ID #) |
|---|---|
| Signature | Date |

| Applicant's Last Name (Please Print) | First Name | Middle Name |
|---|---|---|
| | | |

## Financial History

| | | | |
|---|---|---|---|
| 1. | Are you delinquent in the filing of any tax return with any taxing agency anywhere? | ☐ Yes | ☐ No |
| 2. | Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere? | ☐ Yes | ☐ No |
| 3. | Are you delinquent in the payment of any judgments due to any governmental agency anywhere? | ☐ Yes | ☐ No |
| 4. | Are you delinquent in the repayment of any government-insured student loans? | ☐ Yes | ☐ No |
| 5. | Are you delinquent in the payment of any child support? | ☐ Yes | ☐ No |
| 6. | Check any of the following privileged or professional licenses you have held individually or as part of an ownership group in this state or any other domestic or foreign jurisdiction:<br>☐ Liquor ☐ Real Estate Broker/Sales ☐ Accountant ☐ Gaming<br>☐ Lawyer ☐ Physician ☐ Insurance<br>☐ Racing ☐ Lottery ☐ Securities Dealer<br>☐ Other _____ | ☐ Yes | ☐ No |
| 7. | Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action taken against any such license that you have held, either individually or as part of an ownership group? | ☐ Yes | ☐ No |
| 8. | Have you, as an individual, principal of any form of business entity, or as an owner, officer or director of a corporation, ever filed a bankruptcy petition, had such a petition filed against you or the business entity or the corporation; or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for you or the business entity or corporation? | ☐ Yes | ☐ No |
| 9. | Do you now own, have ever owned, or otherwise derive a benefit from assets held outside the United States, whether held in your own name or another name, on your behalf or for another person or entity, or through other individuals or business entities, or in trust, or in any other fashion or status? | ☐ Yes | ☐ No |
| 10. | Are you currently a party, or ever been a party, in any capacity, to any trust instrument? | ☐ Yes | ☐ No |
| 11. | 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 you or a business entity of which you were a principal or against a corporation for which you were an owner, officer or director. | ☐ Yes | ☐ No |

*If you answered YES to any of the questions above or checked any boxes above, give details on separate sheet, including license number and dates license held for licenses marked on question 6. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.

## Personal Financial

1. Annual Income
   You must submit copies of Federal Income Tax Returns for the Past Two (2) Years.

| | |
|---|---|
| Salary (Source): _____ | $ _____ |
| Salary (Source): _____ | $ _____ |
| Interest (Source): _____ | $ _____ |
| Interest (Source): _____ | $ _____ |
| Dividends (Source): _____ | $ _____ |
| Dividends (Source): _____ | $ _____ |
| Other (Source): _____ | $ _____ |
| Other (Source): _____ | $ _____ |
| TOTAL | $ |

Applicant's Initials _____

# AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

| Signature | Date |
|---|---|
| | |

# Affirmation & Consent

I, _____, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Employee Key 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 Medical Marijuana license by the Local 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 temporary Medical Marijuana application or the revocation of the license. I am voluntarily submitting this application to the City of Lafayette 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. 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 Medical Marijuana license, and for 90 days following the expiration or surrender of such Medical Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the City of Lafayette may collect the payment amount directly from your banking account electronically.

**Print your Full Legal Name clearly below:**

| Legal Last Name (Please Print) | Legal First Name | Legal Middle Name |
|---|---|---|
| | | |

| Signature | Date |
|---|---|
| | |

# Investigation Authorization
# Authorization to Release Information

I, _____, hereby authorize the City of Lafayette Licensing Authority, the Lafayette Police Department, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I additionally 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 that 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 that 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 "nonpublic" under the provisions of state or federal laws. I understand that 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 that 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 that 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 "nonpublic" 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 that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the City of Lafayette, Investigatory Agencies, and other agents or employees of the City of Lafayette 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 City of Lafayette, Investigatory Agencies, and other agents or employees of the City of Lafayette 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 your Full Legal Name clearly below:**

| Legal Last Name (Please Print) | Legal First Name | Legal Middle Name |
|---|---|---|
| | | |

Signature (Must be signed in front of two witnesses)

Dated this _____ (day) day of _____ (month), 20_____ (year), at _____ (time)

_____ (city), _____ (state)

| Witness 1 Signature | Witness 2 Signature |
|---|---|
| | |

# Applicant's Request to Release Information

TO:_____

FROM: (Applicant's Printed Name)_____

1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the City of Lafayette whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the City of Lafayette to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the City of Lafayette to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the City of Lafayette be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the City of Lafayette, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
   (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
   (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
   (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Lafayette Medical Marijuana Licensing Authority an application for a Medical Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

| Applicant's Last Name (Please Print) | First Name | Middle Name |
|---|---|---|
| Signature (Must be signed in front of two witnesses) | | |

Dated this _____ (day) day of _____ (month), 20_____ (year), at _____ (time)

_____ (city), _____ (state)

| Witness 1 Signature | Witness 2 Signature |
|---|---|

| Spouse's Last Name (Please Print) | Spouse's First Name | Middle Name |
|---|---|---|
| Spouse's Signature (Must be signed in front of two witnesses) | | |

Dated this _____ (day) day of _____ (month), 20_____ (year), at _____ (time)

_____ (city), _____ (state)

| Witness 1 Signature | Witness 2 Signature |
|---|---|
| Signature of City of Lafayette agent presenting this request | Date |

City of Lafayette

# Authorization for Disclosure for Internal Revenue Service

| Print your Full Legal Name clearly below: | | |
|---|---|---|
| Legal Last Name (Please Print) | Legal First Name | Legal Middle Name |
| Social Security Number | Phone Number | |

| Physical Address | | | |
|---|---|---|---|
| Address | City | State | ZIP |

| Mailing Address (if different from Physical Address) | | | |
|---|---|---|---|
| Address | City | State | ZIP |

| Name and Social Security Number of Person(s) You Have Filed a Joint Tax Return With in the Past 5 Years | | | |
|---|---|---|---|
| Last Name (Please Print) | First Name | Middle Name | Social Security Number |
| Last Name (Please Print) | First Name | Middle Name | Social Security Number |
| Last Name (Please Print) | First Name | Middle Name | Social Security Number |

| Type of Return | Taxable Periods |
|---|---|
| Form 1040, Individual Income Tax | 2006, 2007, 2008, 2009, and 2010 |

I authorize the Internal Revenue Service to disclose tax return information (including, but not limited to, fact of filing, fact of payment, terms of installment agreement) regarding the above returns to the authorized agent of the City of Lafayette, Colorado.

| Signature | Date |
|---|---|
| | |

| City of Lafayette USE ONLY | |
|---|---|
| Date Received | Initials |
| Faxed Out Time | Fax Reply Received |
| Mailed In Date | |

City of Lafayette

Dear Applicant:

Thank you for your interest in becoming a key employee in the Medical Marijuana industry. Before you submit your application, we want to make you aware of a few facts.

The Medical Marijuana industry in Colorado is one of the most scrutinized businesses in the state, because Colorado citizens want the industry and everyone involved in it free from even the hint of any corruption or deceit. That's why we take the issuance of licenses very seriously.

During the licensing process, we will conduct a thorough check of your background. If you pass the qualifications, you will be found suitable as a key license holder that will allow you to work in the Medical Marijuana Industry. You should know that a Medical Marijuana license is a privilege, not a right; and one thing you must do to obtain this privilege is be completely honest on your license application.

In particular, we ask you within this license application: "Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, or use of a controlled substance?" The application goes on to tell you to explain ALL arrests or charges, no matter the final outcome.

Did you list ALL arrests and charges required on page 4 of 13? This includes ALL drug-related offenses since you turned 18 and ANY other offenses in the last 10 years. Are you clear about what you need to disclose? If not, then contact the City of Lafayette, City Clerk's Office, to answer any questions you might have.

There is no excuse not to disclose an arrest. You have been informed throughout the application to disclose ALL arrests. And you have just been informed again: You will not necessarily be denied a license if you have ever been arrested, but you will be denied if you fail to disclose any arrest.

I have read and understand this letter.

Signed _____ Date _____

LAFPD (05/28/11)