REVISED 04/18/2013

MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION PACKET

CONTENTS

Zoning Confirmation Form – Must be approved by the Community Development Department before proceeding

Letter from the Chief of Police

Application Procedures

Medical Marijuana Business License Application

Checklist of Required Documents

Lawful Presence Affidavit Instructions and Form

Authorization to Use Property for a Medical Marijuana Business

Fingerprint Checklists

Associated Person & Associated Key Medical Marijuana License Application

Employee Key Medical Marijuana License Application

Support Employee Medical Marijuana License Application

Sales Tax Application

Medical Marijuana Business License Fee Schedule

Ordinance No. 10, Series 2011/Medical Marijuana Regulation and Business Licensing

Ordinance No. 25, Series 2011/Amending Medical Marijuana Regulation and Business Licensing

REVISED 03/20/13

ZONING VERIFICATION FORM
MARIJUANA BUSINESS LICENSE APPLICATION

YOU MUST OBTAIN AN APPROVED ZONING VERIFICATION FORM FOR THE PROPOSED LOCATION OF YOUR BUSINESS BEFORE PROCEEDING WITH THE APPLICATION PROCESS

A $100 FEE MUST ACCOMPANY THIS FORM.

PROPERTY

Street Address:_____ Lafayette, Colorado 80026

Lot Area (in Square Feet or Acres): _____ Existing Zoning: _____

Existing Use of Property: _____

PROPOSED USE

Trade Name of Establishment (d/b/a): _____

Description of proposed use: (include proposed use and summarize type of activity, as applicable):

_____

_____

Size of Business in square feet (attach floor plan, drawn to scale):_____

USE CATEGORY

☐ Retail Marijuana Cultivation
☐ Retail Marijuana Store
☐ Retail Products Manufacturer
☐ Dually Licensed Marijuana Cultivation
☐ Medical Marijuana Center Cultivation
☐ Medical Marijuana Center
☐ Medical Marijuana Products Manufacturer
☐ Dually Licensed Products Manufacturer
☐ Dually Licensed Medical Marijuana Center / Retail Store

MAP

Attach an area map, drawn to scale, indicating the footprint of the proposed medical marijuana or retail marijuana establishment, and indicating within a radius of 1,000 feet from the proposed footprint to the nearest property line or roadway rights-of-way boundary of the following land uses and roadways:

☐ Commercially licensed day care facility
☐ Licensed medical marijuana center or retail marijuana store
☐ Public or private school
☐ Hospital
☐ Public Road, north of South Boulder Road
☐ Residential subdivision, residentially zoned property or property with residential as the principal use
☐ East Simpson Street east of Public Road to 500-501 East Simpson Street
☐ 120th and 119th Streets north of Emma Street to US Hwy 7
☐ US Hwy 287 and US Hwy 7

ZONING VERIFICATION FORM
MARIJUANA BUSINESS LICENSE APPLICATION
Page 2

CONTACT INFORMATION
Name of Owner or Contact Person: _____
Business Mailing Address: _____
(if different from physical address)
Business Phone:_____ Business Email: _____

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and I understand that there may be additional reviews required to complete the planning process.

Signature: _____ Date: _____

STAFF USE ONLY

Application reviewed by: _____ Date: _____

Zoning District: _____ Use Category: _____

Previous Reviews: _____

☐ Approved
☐ Denied

Reason for denial:
_____
_____

Further Discretionary Review Required: _____

City of Lafayette

Rick A. Bashor
Chief of Police

Police Department

To Whom It May Concern,

In the fulfillment of its duty to protect the public health and safety the Lafayette Police Department conducts an extensive in-depth background investigation into all applicants for medical marijuana business licenses. It is not unusual for investigations to take six months or more and not all applicants are deemed suitable by the Department.

A specially trained detective will be assigned to conduct the background investigation. As the initial phase of the investigation involves verification of submitted documents and criminal justice information gathering there will be little if any interaction with the applicant.

Later in the investigation, the detective will contact each applicant for information deemed necessary to complete the investigation. It is imperative that applicants respond to each request in a complete, accurate and timely manner. Though the detective will provide guidance regarding the proper submission of documents, the detective will not complete documents for the applicant. Additionally, the detective will not be able to discuss the investigative findings with anyone associated with the business.

It is important to note that the City's background investigation is separate and independent of the State of Colorado, Medical Marijuana Enforcement Division background investigation. While many aspects of the two investigations are similar, the requirements of one agency do not fulfill the requirements of the other.

The detective must be notified, via e-mail, within five days, of <u>any</u> changes of information regarding the application, unless other time requirements are listed on the application.

Be aware that substantial changes in the applicant's business structure or ownership may result in the City requiring that the applicant withdraw the current application and submit a new application.

Once the background investigation is complete, the Police Department will submit an Investigative Report on Application for Findings of Suitability to the Lafayette Licensing Authority. The Licensing Authority is responsible for the issuance or denial of licenses.

Respectfully,

Rick Bashor
Chief of Police

451 N. 111th St. Lafayette, CO 80026 (303) 665-5571 Fax (303) 664-1873
www.cityoflafayette.com

REVISED 11/21/11

MEDICAL MARIJUANA BUSINESS LICENSE

APPLICATION PROCEDURES

YOU MUST OBTAIN AN APPROVED ZONING CONFIRMATION FORM FOR THE PROPOSED LOCATION OF YOUR BUSINESS BEFORE PROCEEDING.

This is the license procedure for Medical Marijuana Business (MMB) license applications in the City of Lafayette. Questions about licensing or other MMB concerns should be addressed to the City Clerk's office at 1290 South Public Road, Lafayette, CO 80026 at (303) 665-5588 ext. 3313 or via email at susank@cityoflafayette.com.

Application Preparation

It is recommended that you retain an attorney, accountant and/or consultant familiar with licensing procedures to assist you with the application process.

CITY STAFF MEMBERS ARE NOT PERMITTED TO PROVIDE LEGAL ADVICE REGARDING THE MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION OR ANY DOCUMENTS SUBMITTED.

Please complete the City application and prepare two (2) checks to the City of Lafayette as explained below. Check the completeness of your application packet against the Checklist for Required Documents.

Read all materials contained in this packet before requesting further information or forms.

Your MMB License Application with required attachments must be submitted as follows:

a) Information must be typewritten or legibly printed in ink.
b) Documentation is to be submitted on letter size (8.5″ x 11″) paper, except for the map as required by Item P of the Lafayette MMB license application.
c) DO NOT USE STAPLES. Use paperclips and binder clips instead of staples.
d) Arrange documents in the order listed on the Checklist of Required Documents.
e) Affix index tabs to each EXHIBIT and place behind the original and duplicate application forms.
f) Application forms and required exhibits must be submitted in duplicate. One set must contain original applications (supporting documents may be copies, i.e., leases, organizational documents, loans). The second set must contain single-sided photocopies of each page. Make a complete copy for your records.
g) Put applications in a sturdy box with a lid for delivery to the Clerk's Office.

Fees

Submit fees with the original application and attachments as follows:

a) MMB application fee must be a certified or cashier's check in the amount of $3,000 and must be made payable to: CITY OF LAFAYETTE.

b) MMB license fee must be a certified or cashier's check in the amount of $1,500 and must be made payable to: CITY OF LAFAYETTE.

c) The applicant is responsible for the cost of fingerprinting which is $39.50 per person. Fingerprint Checklists are provided in the application packet and must be completed for submission with the application. A Lafayette police detective will contact the applicant to make appointments for fingerprinting.

Submittal of Completed MMB Application with Attachments and Fees
Again, it is recommended that you retain an attorney, accountant, and/or consultant familiar with licensing procedures to assist you with this application process.

Call the Lafayette City Clerk's Office at 303-665-5588, extension 3313 to schedule an application intake meeting. The meeting will be held in the City Clerk's Office at Lafayette City Hall, 1290 South Public Road, Lafayette, Colorado.

YOU MUST SCHEDULE A MEETING WITH THE CITY CLERK. NO WALK-INS ALLOWED.

Bring to the meeting your complete original license application packet and a complete copy of the license application packet in the order determined on the Checklist of Required Documents, along with appropriate fees. Be sure to make a third copy for your own records.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Incomplete applications will be returned with instructions as to which documents are required for completion.

Denial of Application
If the application is to be denied, you will be notified in writing of the reason(s). If the denial is final, the license fee ($1500) will be returned, however, the application fee ($3000) is non-refundable.

If the basis for denial is not substantive and can be remedied, the City Clerk may provide you with a specified time period to cure the deficiency. If you do not cure it within that time frame, the application will be denied.

Processing a Complete Application

1. When your application is deemed complete, it will be accepted for processing.
2. The application fee and license fee will be deposited by the City at the time of filing.
3. The City Clerk will make arrangements for departmental approvals and inspections. If departmental reviews reveal issues that are not in accordance with application requirements, the applicant will be promptly notified. If there are no problems or when problematic issues are resolved, the application will be scheduled for review by the Lafayette Local Licensing Authority.
4. If the application is approved by the Lafayette Local Licensing Authority, the City will issue a *Conditional* Local License for the MMB and shall notify the State that the local license has been issued.
5. The State requires local license approval before they review an application for a State license.
6. When the State has completed their review and if they approve the application, they will issue a state license.
7. Upon the issuance of the state license, the licensee shall provide a copy to the City, whereupon the official local license will be issued.

8. The licensee shall NOT begin any business operation for the purpose of cultivation, manufacture or sale of medical marijuana or medical marijuana infused products until after licenses have been issued by both the State and the City.
9. Both licenses must be posted in a conspicuous location, visible to the public within Medical Marijuana Centers and immediately within the front door of Medical Marijuana Optional Premise Cultivation Operations and Medical Marijuana Infused Product Manufacturers.

Changes to Key Employees or Support Employees
The City application process requires the licensee to list all Key Employees and Support Employees, as defined by the Colorado Medical Marijuana Code.

Changes that occur to the lists of Key and Support Employees, between the time that the MMB license has been issued by the City and prior to the submittal of an application for license renewal, must be approved by the City of Lafayette.

The licensee is required to submit a new license application indicating all changes, including a written statement describing the change (e.g., change of corporate structure, addition to staff, new investor). If you are replacing a current member of your operation, please provide the name of the individual who is being replaced and their position.

License Renewal
The Medical Marijuana Business License issued by the City of Lafayette is valid for one (1) year from the date of issuance and may be renewed as provided for in the Lafayette Code of Ordinances.

Renewals shall be for no more than one (1) year. An application for the renewal of an existing MMB license shall be submitted to the Lafayette City Clerk's Office not less than ninety (90) days prior to the date of the expiration of the license.

No application for renewal shall be accepted by the City Clerk after such date unless the filing deadline is waived by the Local Licensing Authority based upon a finding of reasonable cause.

The timely filing of a renewal application shall extend the current license until a decision is made regarding the renewal application.

It is the responsibility of the license holder to file the renewal application in a timely manner.

THE CITY OF LAFAYETTE DOES NOT PROVIDE NOTIFICATION OF THE RENEWAL DEADLINE TO THE LICENSE HOLDER

REVISED 10/31/11

City of Lafayette

MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION

ACCORDING TO LAFAYETTE MUNICIPAL CODE CHAPTER 56 (AS MAY BE AMENDED)

Applicant Name: _____

Trade Name of Establishment (doing business as): _____

Address of Premise Location: _____ Lafayette, CO 80026
Street Address

Business Mailing Address: _____
(if different from above) Street Address City State Zip Code

Contact Person(s): _____

Business Telephone: _____ Business Email Address: _____

This application is for the following Premise Location License Type (please check only one license type and file a separate complete MMB license application if another license type is also applicable):

☐ Medical Marijuana Center ☐ Medical Marijuana Infused Product Manufacturer
☐ Medical Marijuana Optional Premise Cultivation Operation

☐ New License
$3,000 Application Fee
$1,500 License Fee

☐ Transfer of Ownership*
$3,000 Application
$1,500 License Fee

*Transfer of ownership requires a Transfer Affidavit signed by the current owner/licensee

"Applicant" is defined as the Legal Name of the Individual or Business Entity that will hold the license, if approved. The Applicant is applying as a:

☐ Corporation ☐ Partnership ☐ Association or Other
☐ Limited Liability Corporation ☐ Individual (Sole Proprietor)

Attach organizational documents as **EXHIBIT I.**

An Individual (Sole Proprietor) must submit a Lawful Presence Affidavit form, provided with application packet, as EXHIBIT I.

AFFIX INDEX TABS TO ALL EXHIBITS AND PLACE BEHIND THE APPLICATION FORM.

City Sales & Use Tax License No.: _____

State Sales Tax License No. : _____

Federal Tax Employer Identification Number (FEIN No.) :_____

(A) If the owner is not an individual (sole proprietor), the owning entity must provide the identification of the natural person who is authorized to speak for the entity along with the contact information:

Name: _____

Mailing Address: _____

Business Phone Number: _____

Email Address: _____

(B) **Ownership List**
If the applicant is a corporation, partnership, association or limited liability company, applicant must provide the name and address of all owners, officers, directors, partners, managing members, stockholders, persons holding interest in, or business managers that own any percentage to total 100% of the medical marijuana business in whose name the license is proposed to be issued. If necessary, provide additional information on a separate sheet.

NAME	HOME ADDRESS, CITY, STATE, ZIP	POSITION	% OWNED

(C) If the managing member is an entity rather than an individual, the same disclosure shall be required for each entity with an ownership interest until a managing member that is a natural person is identified. Attach separate sheets if necessary.

(D) All of the above named parties must be fingerprinted by the Lafayette Police Department and must submit the Lafayette Associated Person & Associated Key Medical Marijuana License Application. Attach as **EXHIBIT II**.

(E) **Financier Information List**
Provide names not listed in the Ownership and Management Structure List (including persons, firms, partnerships, corporations, limited liability companies) who will loan or have loaned, or have given or plan to give money, inventory, furniture or equipment to or for use in this business, or who will receive money from this business. Attach a separate sheet if necessary.

NAME	DATE OF BIRTH	FEIN OR SSN

(F) All of the above named parties must be fingerprinted by the Lafayette Police Department and must submit the Lafayette Associated Person & Associated Key Medical Marijuana License Application. Attach as **EXHIBIT III**.

(G) Attach as **EXHIBIT IV**, copies of all notes and security instruments, and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.

(H) Name and address of on-site business manager for licensed premises:

Name:_____

Address:_____

Business Phone Number:_____

(I) **Manager, Supervisor or Lead Worker Information List**
Provide name, home address and position for managers, supervisors or lead workers who act as a Key employee or agent while physically working in a licensed MMB. Attach a separate sheet if necessary.

NAME	HOME ADDRESS, CITY, STATE, ZIP	POSITION

(J) All of the above named parties must be fingerprinted by the Lafayette Police Department and must submit a Lafayette Employee Key Medical Marijuana License Application. Attach as **EXHIBIT V**.

(K) **Support Employee Information List**
Provide name, home address and position for all employees of the MMB. Attach a separate sheet if necessary.

NAME	HOME ADDRESS, CITY, STATE, ZIP	POSITION

(L) All of the above named parties must be fingerprinted by the Lafayette Police Department and must submit a Lafayette Support Employee Medical Marijuana License Application. Attach as **EXHIBIT VI**.

(M) Proof of ownership or legal possession, or intent of legal possession signed by the building owner of the proposed location for the medical marijuana business. Proof must be for a minimum term of one (1) year from the date of the issuance of the license. Attach an Authorization to Use Property for a Medical Marijuana Business (form provided with application packet) signed by the building owner or landlord. This document must be attached as **EXHIBIT VII**.

(N) Proof of Insurance of worker's compensation insurance and public liability insurance in the minimum amounts of $150,000 for any injury to one person in any single occurrence and $600,000 for any injury to two or more persons in any such occurrence must be attached as **EXHIBIT VIII**.

(O) A mechanical ventilation plan that specifically depicts and describes the equipment and operational procedures to be employed to ensure that the business meets the operational requirements of Section 56-240(b) of Lafayette Code of Ordinances (Ordinance No. 10, Series 2011) must be attached as **EXHIBIT IX**.

(P) A Zoning Confirmation Form and an area map, drawn to a scale not greater than 1" = 100', indicating, within a radius of one thousand feet (1,000) from the nearest portion of the footprint of the proposed medical marijuana business, to the nearest property line of the land uses or roadway rights–of-way boundary described below must be attached as **EXHIBIT X**.

1. For Medical Marijuana Centers:
   a. Lafayette residential subdivisions, residential zoned property, or property with residential as a principal use;
   b. Licensed commercial daycares;

c. School or hospital;
d. Another Medical Marijuana Center;
e. The Public Rd right-of-way of north of South Boulder Rd. to Baseline Road/Highway 7;
f. The right-of-way of East Simpson St. east of Public Rd. to 500-501 E. Simpson St.;
g. The right-of-way of 120th Street and 119th Street north of Emma Street to Baseline Road/Highway 7; or
h. The right-of-way of Highway 287 and Highway 7.

2. For Medical Marijuana Infused Product Manufacturer or Optional Premise Cultivation:
   a. Licensed commercial daycares;
   b. School or hospital;
   c. The right-of-way of Highway 287;
   d. Lafayette residential subdivisions, residential zoned property, or property with residential as a principal use.

Should it be determined that the location of the proposed Medical Marijuana Business is less than 100 feet from the minimum buffers/setbacks as established by Section 56-239 (a) of the Lafayette Code of Ordinances (as may be amended) the City may require that such buffer/setback be verified by a licensed land surveyor. The City does not provide maps.

1. A copy of a floor plan, drawn to scale with dimensions, for the proposed business must be attached as **EXHIBIT XI**.

2. Infused Product Manufacturers must provide copies of contracts (up to 5 allowed) with Medical Marijuana Center licensees who provide marijuana to be used in the manufacturing process. Attach as **EXHIBIT XII**.

3. Provide a complete copy of the Colorado Medical Marijuana Business License Application that you submitted to the State of Colorado, including all attachments.

4. If the applicant, the applicant's parent company or any other intermediary business entity has ever applied for a Medical Marijuana License in this or any other Colorado jurisdiction, or in any other state, whether or not the license was ever issued, the applicant must submit complete copies of said applications.

5. **Registered Agent** (A person other than the applicant, who prepared this application, e.g., an attorney or an accountant)

   Registered Agent Name: _____

   Mailing Address: _____

   Telephone No.: _____

   Email Address: _____

   _____
   Signature, Registered Agent

(U) **Authorized Signature**

_____
Authorized Signature

_____ _____
Printed Name and Title Date

State of Colorado
County of Boulder

Subscribed and sworn before me on _____ by _____

_____
Signature of notarial officer

[SEAL] My commission expires: _____

City of Lafayette

CHECKLIST OF REQUIRED DOCUMENTS

MEDICAL MARIJUANA BUSINESS LICENSE APPLICATIONS

YOU MUST OBTAIN AN APPROVED ZONING CONFIRMATION FORM FOR THE PROPOSED LOCATION OF YOUR BUSINESS BEFORE PROCEEDING.

It is recommended that you retain an attorney, accountant and/or consultant familiar with licensing procedures to assist you with this application process.

CITY STAFF WILL NOT PROVIDE ANY LEGAL ADVICE REGARDING THE MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION OR ANY DOCUMENTS SUBMITTED.

All documents must be properly executed and must correspond EXACTLY with applicant name.

All documents must be typed or legibly printed in ink.

Submit an original and one (1) copy of the entire application and attachments. Both the original and copy applications must be single sided 8.5" x 11" paper. Use paperclips and binder clips instead of staples. Affix index tabs to each EXHIBIT and place behind the original and duplicate application forms.

The license application packet will consist of the above mentioned original and copy applications, in the order determined on this checklist. Place applications in a sturdy box with a lid.

Call the Lafayette City Clerk's Office at 303-665-5588 ext. 3313 to schedule an application intake meeting.

YOU MUST SCHEDULE A MEETING WITH THE CITY CLERK. NO WALK-INS ALLOWED

Submit your complete license application packet to the Clerk's Office in the Lafayette City Hall, at 1290 South Public Road, Lafayette, Colorado. The Affirmation of Completion will be executed when it is deemed that your application is complete. You may have a copy of this document for your records.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Incomplete applications will be returned with instructions as to which documents required for completion.

PLACE APPLICATION AND ATTENDING DOCUMENTS IN THE FOLLOWING ORDER:

☐ 1. THIS CHECKLIST OF REQUIRED DOCUMENTS- Completed and marked as to all required documents submitted.

LAFAYETTE MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION AND EXHIBITS IN THE FOLLOWING ORDER:

☐ EXHIBIT I – Organizational documents appropriate to the entity submitting the application (Corporation, Partnership, LLC, etc.) Copies of identification cards for all persons listed as an owner. Individuals (Sole Proprietors) must submit a Lawful Presence Affidavit form.

☐ EXHIBIT II – Lafayette Associated Person & Associated Key Medical Marijuana License Application for each person listed in the **Ownership List**.

☐ EXHIBIT III – Lafayette Associated Person & Associated Key Medical Marijuana License Applications for each person listed in **Financier Information List.**

☐ EXHIBIT IV – Copies of notes and security instruments, written or details of oral agreements for all Financiers listed in the **Financier Information List.**

☐ EXHIBIT V – Lafayette Employee Key Medical Marijuana License Applications for each person listed as an employee in the **Manager, Supervisor or Lead Worker Information List**.

☐ EXHIBIT VI – Lafayette Support Employee Medical Marijuana License Applications for each person listed as an employee in the **Support Employee Information List.**

☐ EXHIBIT VII – Proof of ownership or legal possession signed by the building owner, of the proposed location for the medical marijuana business. Include an Authorization to Use Property for a Medical Marijuana Business, signed by the building owner or landlord.

☐ EXHIBIT VIII – Proof of Insurance of worker's compensation insurance and public liability insurance.

☐ EXHIBIT IX – A mechanical ventilation plan.

☐ EXHIBIT X – A Zoning Confirmation Form and a scaled map of the proposed location.

☐ EXHIBIT XI – A scaled floor plan.

☐ EXHIBIT XII – Contracts (up to 5 allowed) between the Infused Product Manufacturers and the Medical Marijuana Centers that supply marijuana to be used in their products.

☐ 4. COLORADO MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION – A complete copy, <u>including all attachments</u>, of the state medical marijuana license application as submitted to the State of Colorado on their form.

☐ 5. Copies of applications that have been filed previously in this jurisdiction or in any OTHER COLORADO JURISDICTION, or in any other state, whether or not the license was ever issued for a Medical Marijuana License, if applicable.

REVISED 6/7/11

City of Lafayette

LAWFUL PRESENCE AFFIDAVIT

FOR INDIVIDUALS (SOLE PROPRIETORS) APPLYING FOR A MEDICAL MARIJUANA BUSINESS LICENSE

_____ New License _____ License Renewal

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

____ I am a United States citizen, or
____ I am a Permanent Resident of the United States, or
____ I am lawfully present in the United States pursuant to Federal law.

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

Form of ID Presented: _____

Valid Colorado Driver's License, Colorado ID card, Military ID, Coast Guard Mariner, or Native American Tribal Documents are acceptable forms of identification

STATE OF COLORADO
COUNTY OF BOULDER

I, _____Notary Public in and for said County and State, do hereby certify that on this _____ day of _____, 20___, _____ appeared before me in person and executed the above instrument.

IN WITNESS THEREOF, I have hereunto set my hand and seal.

_____
Notary Public [SEAL]

My commission expires: _____

REVISED 6/7/11

LAWFUL PRESENCE AFFIDAVIT INSTRUCTIONS

FOR INDIVIDUALS (SOLE PROPRIETORS) APPLYING FOR A MEDICAL MARIJUANA BUSINESS LICENSE

Due to the passage of Special Session HB 06S-1023, beginning August 1, 2006, before any state benefit (Medical Marijuana Business License) can be approved, the applicant must provide documentation verifying lawful presence in the United States.

HB 1023 requires that an individual, (sole proprietor) applying for state benefit provide a valid form of ID which the state legislature has identified as a:

- Colorado Driver's License
- Colorado ID card
- Military IDs,
- Coast guard mariner or Native American tribal documents

In addition to the ID, the applicant must also complete a Lawful Presence Affidavit. A copy of the affidavit is attached.

A Lawful Presence Affidavit must accompany annual RENEWAL applications.

REVISED 6/7/11

AUTHORIZATION TO USE PROPERTY FOR A MEDICAL MARIJUANA BUSINESS

Property Address: _____ Lafayette, CO 80026
Name of Lessee: _____
Lessee's Business Name: _____

As owner of the property described above, I hereby consent to the use of said property for the purpose of conducting a medical marijuana business so long as said use is authorized under and in accordance with applicable state and local laws. This consent is valid under the following terms and conditions:

☐ Medical Marijuana Center

☐ Medical Marijuana Optional Premise Cultivation Operation

☐ Medical Marijuana Infused Product Manufacturer

Term of Approval: _____ (examples: indefinitely; to coincide with term of lease; specific date to specific date; certain amount of time from issuance of license, etc.)

I understand that the lessee must operate the business on the property described above under the provisions of Chapter 56, Sections 56-233 through 56-246 (as may be amended) of the Code of Ordinances of the City of Lafayette. I further understand that in issuing a medical marijuana business license, the City of Lafayette assumes no legal liability or duty of care regarding the licensee's business operation or possession of the property.

I hereby release the City , its officers, elected officials, employees, attorneys and agents from all liability for claims of damages of nay kind whatsoever, present or future, in any way relating to or arising from the conduct of the lessee/licensee's business operation on said property.

_____
Signature of Property Owner or Authorized Agent

_____
Date

_____
Printed Name of Property Owner/Agent

_____
Company Name

_____
Address

_____
Telephone

State of _____
County of _____

Subscribed and sworn to before me this ____ Day of _____, 20____, by

_____.

_____
Notary Public

[SEAL]

My Commission Expires: _____

REVISED 10/28/11

LAFAYETTE POLICE DEPARTMENT
FINGERPRINT CHECKLIST I

Associated Persons and Associated Key Persons
(To be filled out by Applicant)

DATE: _____

APPLICANT: _____

CONTACT: _____
(Name) (Phone)

Instructions: Print the name (last name first) and position held for each person listed in Items B & E of the Medical Marijuana Business License Application. Copy this form if necessary.

Fingerprint Completed	Employee Last Name, First Name	Position Held

Total number of Associated Persons and Associated Key Persons to be fingerprinted: _____

1290 S. Public Rd. ● Lafayette, Colorado 80026 ● (303) 665-5588 Fax (303) 665-2153

City of Lafayette

REVISED 10/28/11

LAFAYETTE POLICE DEPARTMENT
FINGERPRINT CHECKLIST II

Employee Key Persons
(To be filled out by Applicant)

DATE: _____

APPLICANT: _____

CONTACT: _____
(Name) (Phone)

Instructions: Print the name (last name first) and position held for each person listed in Item I of the Medical Marijuana Business License Application. Copy this form if necessary.

Fingerprint Completed	Employee Last Name, First Name	Position Held

Total number of Employee Key Persons to be fingerprinted: _____

1290 S. Public Rd. ● Lafayette, Colorado 80026 ● (303) 665-5588 Fax (303) 665-2153

Finance Dept _____

City of Lafayette

APPLICATION FOR SALES AND USE TAX LICENSE

NO FEE REQUIRED

Owner's or Corporate Name
Name of Business (DBA)
Business Address (Street, City, State, Zip)
Mailing Address (Street, City, State, Zip)
Nature of Business (Type of sales/service)
Does your business acquire, possess, cultivate, manufacture, produce, use, sell, distribute, dispense, or transport medical marijuana? ❑ Yes ❑ No
Ownership ❑ Individual ❑ Partner _____% ❑ Corp ❑ Other (explain)
Federal Employer Identification Number (FEIN) or Social Security Number (SSN) – Application will NOT be processed if missing
State of Colorado Taxpayer Identification Number (TIN) – Application will NOT be processed if missing
Filing Period ❑ MONTHLY ❑ QUARTERLY ❑ ANNUAL NOTE: If the monthly average for remittance is $40 or greater, monthly filing is required. If less than $40 per year or fewer than two sales transactions are expected, annual filing is desired.
Date business will begin in Lafayette
If business was purchased, list name of former owner and business name (if name listed above is new)
Sales Tax Contact Name and Title
Business phone number
Business fax number

I, DECLARE, UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND THE STATEMENTS MADE HEREIN ARE MADE IN GOOD FAITH PURSUANT TO THE CITY OF LAFAYETTE TAX LAWS AND REGULATION AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE, CORRECT, AND COMPLETE.

Printed Name _____ Title _____

Signature _____ Date _____

Please mail or fax the application to:

City of Lafayette - Sales Tax
PO Box 250
Lafayette, CO 80026

Fax (303) 665-2153
Phone (303) 665-5588

MEDICAL AND RETAIL MARIJUANA LICENSING FEES
Attachment A
3/4/2014

STORE		APPLICATION FEE / LICENSE FEE	
New Application		$3,000	$2,000
Transfer Ownership		$3,000	$2,000
Renewal		$1,500	$2,000
Operating Fee		$3,000	
CO-LOCATION		APPLICATION FEE / LICENSE FEE	
New Application		$3,000	$2,000
Transfer Ownership		$3,000	$2,000
Renewal		$1,500	$2,000
Operating Fee		$3,000	
CULTIVATION		APPLICATION FEE / LICENSE FEE	
New Application		$3,000	$2,000
Transfer Ownership		$3,000	$2,000
Renewal		$1,500	$2,000
Operating Fee		$3,000	
PRODUCT MFG		APPLICATION FEE / LICENSE FEE	
New Application		$3,000	$2,000
Transfer Ownership		$3,000	$2,000
Renewal		$1,500	$2,000
Operating Fee		$3,000	
TESTING FACILITY		APPLICATION FEE / LICENSE FEE	
New Application		$3,000	$2,000
Transfer Ownership		$3,000	$2,000
Renewal		$1,500	$2,000
Operating Fee		$3,000	
ADMINISTRATIVE SERVICES FEES			
CONVERSION MMJ TO RMJ		$250	
(established by the State)			
BACKGROUND		$750/per person	
INVESTIGATION			
CHANGE BUSINESS		$200	
MANAGER			
PROCESSING FEE / SUPPORT		$100/person	
EMPLOYEE APPLICATION			
MODIFICATION OF		$500	
PREMISES			
CHANGE OF		$2,000	
LOCATION			
PENDING APPLICATION		$500	
MODIFICATION			
LATE RENEWAL FEE		$750	
LICENSE MODIFICATION		$500	
CHANGE OF CORPORATE		$200/person	
STRUCTURE			
CHANGE OF FINANCIER		$1,500	
ZONING VERIFICATION		$100	
DUPLICATE LICENSE		$50	
TEMPORARY PERMIT (TRANSFER)		$2,500	