

MEDICAL / RETAIL MARIJUANA PRODUCTS MANUFACTURER LICENSE

APPLICATION CHECKLIST

Development before the application process begins.
☐ Applicants must submit a completed Colorado Business Marijuana License Application and Associated Person & Associated Key Marijuana License Applications to the Lafayette City Clerk, along with the supplemental information listed below. When local approval is obtained, the applicant submits applications to The Colorado Marijuana Enforcement Division for review.
☐ City of Lafayette Marijuana Business License Application Cover Sheet
☐ <u>Authorization to use Property for a Marijuana Business</u>
☐ <u>Lawful Presence Affidavi</u> t (for sole proprietor)
☐ Proof 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.
☐ City of Lafayette Sales Tax and Use Tax License Application
☐ Application Fee (\$3,000) and License Fee (\$2,000). Cashiers check or money order made out to City of Lafayette. If the application is denied, the License Fee will be returned
☐ Operating Fee (\$3,000) due upon issuance of license and paid annually thereafter.
☐ Mechanical ventilation plan, in accordance with Lafayette Municipal Code Section 56-266 (b)(6)
☐ Floor plan drawn on the current diagram of the licensed premise, according to Lafayette Municipal Code, Section 56-266(b)(3)(ii). If applicant plans to produce retail marijuana concentrate, the plans must indicate a fully enclosed room for concentrate production.
☐ Description of products and/or services to be provided.
☐ Plan for disposal of waste marijuana
☐ Report from a State Certified Industrial Hygienist, according to Lafayette Municipal Code, Section 56-266 (b)(4)
\square <u>Support Employee Application</u> for each support employee, including a \$100 processing fee for each application
☐ Local background investigations will be conducted for each individual submitting an application (excepting support employees)
\square On-site inspections will be conducted by police, fire, building and public works officials.
☐ When the medical marijuana products manufacturer license has been approved at the local and state levels, the applicant may submit a conversion form for a Co-located Medical / Retail Products Manufacturers License.



REVISED 5/29/14

ZONING VERIFICATION FORMMARIJUANA 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: Lafayett	e, Colorado 80026
Lot Area (in Square Feet or Acres): Existing Zoning:	
Existing Use of Property:	
PROPOSED USE	
Trade Name of Establishment (d/b/a):	
Trade Name of Establishment (d/b/a):	applicable):
Size of Business in square feet (attach floor plan, drawn to scale):	
USE CATEGORY	
☐ Retail Marijuana Cultivation ☐ Medical Marijuana Cultivation	
☐ Retail Marijuana Store ☐ Medical Marijuana Center	
☐ Retail Products Manufacturer ☐ Medical Marijuana Products Manu ☐ Dually Licensed Marijuana Cultivation ☐ Dually Licensed Products Manufacturer ☐ Dually Duall	
☐ Dually Licensed Marijuana Cultivation ☐ Dually Licensed Products Manufacture ☐ Dually Licensed Medical Marijuana Center / Retail Store	cturer
☐ Marijuana Testing Facility	
CONTACT INFORMATION	
Name of Owner or Contact Person:	
Business Mailing Address:	· · · · · · · · · · · · · · · · · · ·
(if different from physical address) Business Phone: Business Email:	
Business Filone. Business Email:	
I certify that the information and exhibits submitted are true and correct to the best of i	my knowledge and
I understand that there may be additional reviews required to complete the planning pr	ocess.
Signature: Date:	

ZONING VERIFICATION FORM

MARIJUANA BUSINESS LICENSE APPLICATION

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Attach an area map, drawn to scale, indicating within a radius of 1,000 feet from the nearest portion of the footprint of the proposed medical marijuana or retail marijuana establishment 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 STAFF USE ONLY Application reviewed by: ______ Date: _____ Zoning District: _____ Use Category: Previous Reviews: ☐ Approved ☐ Denied Reason for denial: Further Discretionary Review Required:



MARIJUANA BUSINESS LICENSE APPLICATION COVER SHEET

Applicant		
Trade Name (d/b/a)		
Address of Licensed Premise		
Mailing Address (if different)		
Contact Person	· · · · · · · · · · · · · · · · · · ·	
Telephone	E-mail address	·····
	Business Structure	<u> </u>
☐ Corporation ☐ Individual (Sole Proprietor)		☐ Limited Liability Corporation r
	Type of License	
 □ Retail Marijuana Cultivation □ Retail Marijuana Store □ Retail Marijuana Products Manu □ Dually Licensed Marijuana Cult □ Dually Licensed Medical Mariju 	facturer ivation	 ☐ Medical Marijuana Cultivation ☐ Medical Marijuana Center ☐ Medical Marijuana Products Manufacturer ☐ Dually Licensed Products Manufacturer ☐ Testing Facility
	TYPE OF APPLICATION	<u>1</u>
 □ New License □ License Renewal □ Change of Location □ Modification of Premises □ Change in Business Manager □ License Modification 		☐ Transfer of Ownership ☐ Late License Renewal ☐ Pending Application Modification ☐ Change in Corporate Structure ☐ Conversion (MMJ to RMJ) ☐ Change of Financier
FEES	AND SUPPLEMENTAL INFO	DRMATION
Fees must be submitted with applicaccording to instructions for type of		chedule. Attach supplemental information
	AFFIRMATION AND CO	<u>ONSENT</u>
statements made therein are true and misrepresentations or failure to disc	d correct to the best of my close information requested woke a license. Furthermo	ed documents and that the contents and y knowledge and belief. I understand that any ed or pertinent information may be deemed ore, I understand that any misrepresentations or
A 11		Date:
Applicant Signature		
D-14-1A-4/20 11-112		Date:
Registered Agent (if applicable)		

CITY OF LAFAYETTE MARIJUANA BUSINESS LICENSING FEES

STORE	ADDITION CE	E / LICENCE EEE				
STORE November 1	APPLICATION FEE / LICENSE FEE					
New Application	\$3,000	\$2,000				
Transfer Ownership	\$3,000	\$2,000				
Renewal	\$1,500	\$2,000				
Operating Fee	\$3,0					
CO-LOCATION	APPLICATION FE					
New Application	\$3,000	\$2,000				
Transfer Ownership	\$3,000	\$2,000				
Renewal	\$1,500	\$2,000				
Operating Fee	\$3,0	00				
CULTIVATION	APPLICATION FE	E / LICENSE FEE				
New Application	\$3,000	\$2,000				
Transfer Ownership	\$3,000	\$2,000				
Renewal	\$1,500	\$2,000				
Operating Fee	\$3,0	00				
PRODUCT MFG	APPLICATION FE					
New Application	\$3,000	\$2,000				
Transfer Ownership	\$3,000	\$2,000				
Renewal	\$1,500	\$2,000				
Operating Fee	\$3,0					
TESTING FACILITY	APPLICATION FE					
New Application	\$3,000	\$2,000				
Transfer Ownership	\$3,000	\$2,000				
Renewal	\$1,500	\$2,000				
Operating Fee	\$3,000					
ADMINISTRATIVE SERVICES FEES	ψ3,0					
CONVERSION MMJ TO RMJ	\$25	:n				
(established by the State)	\$230					
BACKGROUND	\$750/per person					
INVESTIGATION	\$750/per person					
CHANGE BUSINESS	\$200					
	320					
MANAGER PROCESSING FEE / SUPPORT	¢100/=					
PROCESSING FEE / SUPPORT	\$100/p	erson				
EMPLOYEE APPLICATION	Ċ.F.O					
MODIFICATION OF	\$50	<u> </u>				
PREMISES	<u> </u>					
CHANGE OF	\$2,0	UU				
LOCATION	4					
PENDING APPLICATION	\$50	U				
MODIFICATION						
LATE RENEWAL FEE	\$750					
LICENSE MODIFICATION	\$500					
CHANGE OF CORPORATE	\$200/person					
STRUCTURE	100 Dec 100 100 100 100 100 100 100 100 100 10					
CHANGE OF FINANCIER	\$1,500					
ZONING VERIFICATION	\$100					
DUPLICATE LICENSE	\$50					
TEMPORARY PERMIT (TRANSFER)	NSFER) \$2,500					
	T -/500					



AUTHORIZATION TO USE PROPERTY FOR A MARIJUANA BUSINESS

Property Address:	Lafayette, CO 80026
Name of Lessee:	
Lessee's Business Name:	
	consent to the use of said property for the purpose(s) og as said use is authorized under and in accordance with
 □ Retail Marijuana Cultivation □ Retail Marijuana Store □ Retail Products Manufacturer □ Dually Licensed Marijuana Cultivation □ Dually Licensed Medical Marijuana Center / Retai 	☐ Medical Marijuana Cultivation ☐ Medical Marijuana Center ☐ Medical Marijuana Products Manufacturer ☐ Dually Licensed Products Manufacturer I Store ☐ Testing Facility
Term of Approval: lease; specific date to specific date; certain amount	_ (examples: indefinitely; to coincide with term of of time from issuance of license, etc.)
	ne Code of Ordinances of the City of Lafayette. I furthe nse, the City of Lafayette assumes no legal liability or
I hereby release the City, its officers, elected official claims of damages of any kind whatsoever, present conduct of the lessee/licensee's business operation of the lessee/licensee's business operation.	
Signature of Property Owner or Authorized Agent	Printed Name / Property Owner or Authorized Agent
Date	Company Name
State of Colorado County of Boulder	Address
·	Telephone
Subscribed before me on thisday of	, 2014, by:
	Name of Signatory
Notary Public	
M. Constat of P. d	
My Commission Expires:	



LAWFUL PRESENCE AFFIDAVIT

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

☐ New License	☐ Transfer License
I,, dl	ba
I,, dl swear or affirm under penalty of perjury und (check one):	der the laws of the State of Colorado that
I am a United States citizen, or I am a Permanent Resident of the Unit I am lawfully present in the United Sta	
benefit. I understand that state law requires the United States prior to receipt of this pub false, fictitious, or fraudulent statement or reunder the criminal laws of Colorado as perju	quired by law because I have applied for a public me to provide proof that I am lawfully present in lic benefit. I further acknowledge that making a expresentation in this sworn affidavit is punishable ary in the second degree under Colorado Revised parate criminal offense each time a public benefit
Signature	Date
Form of ID Presented:	
Valid Colorado Driver's License, Colorado ID card, Tribal Documents are acceptable forms of identification	Military ID, Coast Guard Mariner, or Native American ion
STATE OF COLORADO COUNTY OF BOULDER	
I,	Notary Public in and for said County and
I,State, do hereby certify that on this	day of, 20, ppeared before me in person and executed the
above instrument.	peared before me in person and executed the
IN WITNESS THEREOF, I have hereunto so	et my hand and seal.
Notary Public	[SEAL]
My commission expires:	

Finance Dept	
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APPLICATION FOR SALES AND USE TAX LICENSE

NO FEE REQUIRED

Owner's or Corporate Name		
Name of Business (DBA)		
Business Address (Street, C	Sity State Zin	
Mailing Address (Street, City	y, State, Zip)	
Nature of Business (Type of	sales/service)	
Does your business acquire,	, possess, cultivate, manufacture, produce, use, sell, distribute, dispense, or transport m	odical
marijuana?	□ No	euicai
Ownership		
☐ Individual	☐ Partner% ☐ Corp ☐ Other (explain)	
rederal Employer Identificati	on Number (FEIN) or Social Security Number (SSN) – Application will NOT be processe	d if missing
State of Colorado Sales Tax	Account Number – Application will NOT be processed if missing	
	Application will NOT be processed it missing	
Filing Period	☐ MONTHLY ☐ QUARTERLY ☐ ANNUAL	
NOTE: If the m	nonthly average for remittance is \$40 or greater, monthly filling in required. If I are	7
440 per year or	r fewer than two sales transactions are expected, annual filing is desired.	
Will you be printing your own	returns through your toy actives 2. D. Van. D. N.	
	returns through your tax software? 🔲 Yes 🗀 No - They are not available on-lin	1е
Date business will begin in La	fayette	
If business was purchased, lis	it name of former owner and business name (if name listed above is new)	
	(All all all all all all all all all all	
Sales Tax Contact Name and	Title	
Business phone number		
Business fax number		
DECLARE INCES		
, DECLARE, UNDER P ME AND THE STATEME	ENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMED TO MADE HEREIN ARE MADE IN GOOD FAITH PURSUANT TO	MINED BY
	AVVO AND REGULATION AND TO THE REST OF MV IMPORTED	THE CITY
BELIEF ARE TRUE, CO	RRECT, AND COMPLETE.	JOE 7111D
trintad Nama		
ппеч мате	Title	<u>.</u>
ignatura	_	
	Date	
ease mail or fax the applicatio		
	PO Box 250 Fax (303) 665-2153	

Lafayette, CO 80026

Phone (303) 665-5588



MARIJUANA BUSINESS LICENSE SUPPORT EMPLOYEE APPLICATION

Applicant
Trade Name (d/b/a)
Address of Licensed Premise
Mailing Address (if different)
Contact Person
Telephone E-mail address
Support Employee Name:
Individuals must possess a valid Colorado Marijuana Support Employee badge
Business owners must submit the following documentation to the office of the City Clerk within 10 days following employment of a new support employee:
☐ First page of Support License Application Form (attached)
☐ Proof of identity (Colorado drivers' license or U.S. passport)
☐ Copy of Colorado Marijuana Support Employee badge (front and back)
☐ \$100 processing fee (Cashier's check or money order made out to the City of Lafavette)

Business owners must inform the City Clerk in writing within $\underline{10~\text{days}}$ after someone leaves employment

OR 8525 (08/20/13)
COLORADO DEPARTMENT OF REVENUE
Marijuana Enforcement Division
455 Sherman Street, Sulte 390
Denver, CO 80203

Medical Mariluana Llee	ense Number (Leave Blank)
Thiodical Manguatta Lice	inge Mamper (Feave Blauk)

Support License Application Form

Applicant's Last Name (Please Prin	it)	First Nam	6				Middle	Name	· · · · · · · · · · · · · · · · · · ·	
Malden/Married Names Used (Full (Atlach separate sheet if necessary)	Name)			Nick (Alla	names ch sepa	, Allases, Etc. rate sheel if nec	Used (essary)	(Full Na	me)	
Sex Race	Date of E	3irth	Soc	lal Security	/ Numb	er	 1	Other S	ocial Secu	rity Numbers Used
☐M ☐F			ľ			-	ļ			If yes attach details.)
Place of Birth: City		State	Country	,				Drivers	License N	umber and State+
Physical Appearance ⇒ Heigh	t	Weight		Hair Colo		Eye Color		Scars/Ta		If yes explain on
U.S. Citizen CO Resident Yes No Yes No		nclude detai eparate she	ls here: et If neces	sary)		CO Resider	ncy Da		No Alien Regi	a separate sheet stration Number
Physical Address						<u> </u>			·····	
Address		City				County	<u> </u>		State	ZIP
Length of time at this Address: Year(s) Month(s)	Home Pho	one Number		Cell Pho	ne Nur	nber	Em	all Addre	ess	
Mailing Address (if differen	t from Phy	sical Add	iress)							
Address			City				s	late	ZIP	
List all addresses where you necessary)	have lived	during the	last 5 y	ears, no	t inclu	iding prese	nt ad	dress,	(attach	separate sheet if
Street and Number				State/Zi				From		
		····			•			FIOIII		То
										
	1									
ame of licensed Medical Marijuana b	usiness where	e you will be	working	Work Pho	ne Nun	nber		Job Tit	le	
ame of present employer, if different	rom above			Work Phone Number				Occupation or Job Title		
o you currently possess a Colorado s plorado Medical Marijuana license?	upport Medic	al Marijuana	license o	r are you a	n asso	ciated person	in any	other ty	pe of	
☐ Yes ☐ No *If "Yes", Indic	ate license tv	no and numb	has bass.							İ
ve you ever applied before for a Med s ever issued?	lical Marijuan	a license in t	this or any	other juris	diction	, domestic or	foreign	. whethe	er or not th	e license
Yes No *If "Yes", expla	ain here:									
ve you ever been denied a Medical I sinst any Medical Marijuana (Icense I	Aarijuana licer hat you have	nse, withdrav held, either i	vn a Med Individuali	ical Marijui V or as pai	na lice	nse applicatio	on or hi	d any d	isciplinary	action taken
JYes L_INo "If "Yes", expla				,o pui	. w. wil	All	nh' III	ина ОГ В	ny ather ju	INSCICTORY
olicant's Signature							·	Date	1	



MARIJUANA PRODUCTS MANUFACTURERS LICENSE CONVERSION

Medical to Medical / Retail Co-location

Applicant	
Trade Name (d/b/a)	
Address of Licensed Premise	
Contact Person	
Telephone E-mail	address
Lafayette Medical Marijuana OPC License No Colorado Medical Marijuana OPC License No	Expiration DateExpiration Date
On-Site Mana	GER INFORMATION
Name: Phone Number:	
Home Address	
Email Address	
Date of Birth Driver's License No	
Authorization to Use Property for a Marijuan Report from a Certified Industrial Hygienist a Chapter 56-266(b)(4) Surrendered Medical Marijuana OPC Busine	according to City of Lafayette Municipal Code
FOR LOCAL LICENSING AUTHORITY USE	
☐ Department Inspections are not required for a co-location license conversion with no modification of premises or changes in personnel, corporate structure or investors.	
☐ Police report no incidents at this location ☐ Police incident report attached	
☐ Utility bills current ☐ Finance Department report attached	
☐ Application approved . Applicant meets require Chapter 56 of the Lafayette Municipal Code. The l term held by the surrendered Medical Marijuana B	icense shall assume the balance of the licensing
☐ Application denied . See attached explanation.	
	Date
Local Licensing Authority	
	[SEAL]
Attest	Nother Adult
	,