REVISED 06/12/2014

MEDICAL / RETAIL MARIJUANA STORE LICENSE
APPLICATION CHECKLIST

☐ A Zoning Verification Form must be approved by the City of Lafayette Director of Community 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

☐ Authorization to use Property for a Marijuana Business

☐ Lawful Presence Affidavit (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 The applicant must obtain two Sales and Use Tax Licenses (one for retail sales and one for medical sales)

☐ 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.

☐ Surety Bond in the amount of $5,000 naming the City of Lafayette as recipient.

☐ Mechanical ventilation plan, in accordance with Lafayette Municipal Code Section 56-266 (b)(6)

☐ Floor plan, drawn to scale, according to Lafayette Municipal Code, Section 56-266(b)(3)(ii). The co-located sales areas may share a common foyer but they must have separate entrances and exits.

☐ Description of products and/or services to be provided by the retail marijuana operation.

☐ Plan for disposal of waste marijuana

☐ Report from a State Certified Industrial Hygienist, according to Lafayette Municipal Code, Section 56-266 (b)(4)

☐ Support Employee Application 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)

☐ On-site inspections will be conducted by police, fire, building and public works officials.

☐ When the medical marijuana center license has been approved at the local and state levels, the applicant may submit a conversion form for a Co-located Medical Marijuana Center and Retail Store

City of Lafayette

REVISED 06/03/14

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

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: _____

ZONING VERIFICATION FORM
MARIJUANA BUSINESS LICENSE APPLICATION

MAP
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: _____

REVISED 06/02/14

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

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

TYPE OF LICENSE

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

TYPE OF APPLICATION

☐ 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 INFORMATION

Fees must be submitted with application. See attached Fee Schedule. Attach supplemental information according to instructions for type of application.

AFFIRMATION AND CONSENT

I affirm that I have reviewed this application and all associated documents and that the contents and statements made therein are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or failure to disclose information requested or pertinent information may be deemed good cause to deny, withhold, or revoke a license. Furthermore, I understand that any misrepresentations or omissions may subject me to civil or criminal liability.

_____ Date: _____
Applicant Signature

_____ Date: _____
Registered Agent (if applicable)

CITY OF LAFAYETTE
MARIJUANA BUSINESS LICENSING FEES

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 (established by the State)	$250	
BACKGROUND INVESTIGATION	$750/per person	
CHANGE BUSINESS MANAGER	$200	
PROCESSING FEE / SUPPORT EMPLOYEE APPLICATION	$100/person	
MODIFICATION OF PREMISES	$500	
CHANGE OF LOCATION	$2,000	
PENDING APPLICATION MODIFICATION	$500	
LATE RENEWAL FEE	$750	
LICENSE MODIFICATION	$500	
CHANGE OF CORPORATE STRUCTURE	$200/person	
CHANGE OF FINANCIER	$1,500	
ZONING VERIFICATION	$100	
DUPLICATE LICENSE	$50	
TEMPORARY PERMIT (TRANSFER)	$2,500	

REVISED 06/03/14

AUTHORIZATION TO USE PROPERTY FOR A 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(s) of conducting a marijuana business as follows, so long as said use is authorized under and in accordance with applicable state and local laws:

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

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 according to the provisions of Chapter 56 (as may be amended) of the Code of Ordinances of the City of Lafayette. I further understand that in issuing a 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 any 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

_____
Printed Name / Property Owner or Authorized Agent

_____
Date

_____
Company Name

_____
Address

State of Colorado
County of Boulder

_____
Telephone

Subscribed before me on this ____day of _____, 2014, by:_____
Name of Signatory

_____
Notary Public

[SEAL]

My Commission Expires: _____

REVISED 06/03/14

LAWFUL PRESENCE AFFIDAVIT

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

☐ New License ☐ Transfer License

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: _____

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 Sales Tax Account Number – 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.
Will you be printing your own returns through your tax software? ❑ Yes ❑ No - They are not available on-line
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

City of Lafayette Retail Marijuana License Bond

Name of Bonding Company _____

Bond Number _____

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____, Street Address _____, City _____, County of _____, State of Colorado, as **Principal**, and _____, a surety company qualified and authorized to do surety business in the State of Colorado, as Surety, are held and firmly bound unto the City of Lafayette, Colorado to indemnify the City of Lafayette ("City") for any loss suffered by reasons of violation of the conditions hereinafter contained in the penal sum of FIVE THOUSAND DOLLARS ($5,000.00), lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, severally, and firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that whereas the Principal is applying for the issuance or renewal of a license issued pursuant to the City's retail marijuana licensing regulations set forth in Article III of Chapter 56 of the Code of Ordinances of Lafayette Colorado, which license or license renewal shall be valid, if not suspended or revoked, for a license period ending one year from the last day of the month of issuance of the license or renewal;

NOW, THEREFORE, if the Principal is granted a license by the City during the term of said license and any renewal thereof, the Principal shall report and pay all sales and use taxes due the City for which the City is the collector or collecting agent, in a timely manner as provided by law.

IT IS FURTHER PROVIDED that the aggregate liability of the Surety for all breaches of the condition of this bond, regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid shall not exceed the amount of the bond.

IT IS FURTHER PROVIDED the Surety shall not be required to make payments to the City claiming under this bond until a final determination of failure to pay taxes due to the City has been made by the City's Finance Director or a court of competent jurisdiction.

IT IS FURTHER PROVIDED that the Surety shall have the right to cancel this bond for any reason authorized by statute by filing forty-five (45) days' written notice of such cancellation with the Principal and with the Local Licensing Authority. If cancellation is based upon nonpayment of premium, this bond may be cancelled by the Surety upon ten (10) days' written notice to the Principal and the Local Licensing Authority.

THIS OBLIGATION may be continued from year to year by the issuance by the Surety of a proper continuation certificate delivered to the Local Licensing Authority pursuant to Section 12-43.4-303(3), C.R.S.

Dated this _____day of _____, 20__.

For the Principal: _____ For the Surety: _____

ACKNOWLEDGMENT OF SURETY

STATE OF COLORADO

COUNTY OF _____] SS.

On this _____day of _____, 20__, before me, a notary public in and for the above State, personally appeared _____, to me personally known and being by me duly sworn, did say that he or she is an authorized corporate officer or the Attorney-in-Fact of _____, a corporation duly organized and existing under the laws of the State of Colorado, or authorized to do business therein, and that he or she as such officer executed the foregoing instrument for the purposes herein contained on behalf of said corporation, and further acknowledged that the instrument was executed as the free act and deed of said corporation.

IN WITNESS WHEREOF, I hereunto set my name and affixed my official seal on the day and year written above.

(S E A L)

_____
Notary Public, State of Colorado

My commission expires: _____

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 Lafayette)

BUSINESS OWNERS MUST INFORM THE CITY CLERK
IN WRITING WITHIN 10 DAYS AFTER SOMEONE LEAVES EMPLOYMENT

DR 8525 (08/29/13)
COLORADO DEPARTMENT OF REVENUE
Marijuana Enforcement Division
455 Sherman Street, Suite 390
Denver, CO 80203

Medical Marijuana License Number (Leave Blank)

Support License Application Form

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

Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)	Nicknames, Aliases, Etc. Used (Full Name) (Attach separate sheet if necessary)

Sex ☐ M ☐ F	Race	Date of Birth	Social Security Number	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)	CO Residency Date	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 5 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?

☐ 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

REVISED 03/13/14

MEDICAL MARIJUANA CENTER LICENSE CONVERSION

Co-located Medical Marijuana Center and Retail Store

Applicant _____

Trade Name (d/b/a) _____

Address of Licensed Premise _____

_____

Mailing Address (if different) _____

_____

Contact Person _____

Telephone _____ E-mail address _____

Lafayette Medical Marijuana Center License No. _____ Expiration Date _____
Colorado Medical Marijuana Center License No. _____ Expiration Date _____

____ Applicant affirms that, aside from the modification of premises, there are no other changes in personnel, corporate structure or investors.

ON-SITE MANAGER INFORMATION

Name: _____ Phone Number: _____

Home Address _____

Email Address _____

Date of Birth _____ Driver's License No. _____

SUPPLEMENTAL DOCUMENTS (must be attached to application)

____ Authorization to Use Property for a Retail Marijuana Business
____ Floor plan, drawn to scale, of the proposed modified premises including separate entrances, exits, product display areas, points of sale and storage areas
____ Surety bond in the amount of five thousand dollars ($5,000)
____ New City Sales Tax License
____ Report from a Certified Industrial Hygienist according to City of Lafayette Municipal Code Chapter 56-266(b)(4)
____ Surrendered Medical Marijuana Center Business License

AFFIRMATION AND CONSENT

I affirm that I have reviewed this application and all associated documents and that the contents and statements made therein are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or failure to disclose information requested or pertinent information may be deemed good cause to deny, withhold, or revoke a license. Furthermore, I understand that any misrepresentations or omissions may subject me to civil or criminal liability.

_____ Date: _____

Applicant Signature

INTERNAL USE ONLY - DEPARTMENT APPROVALS (ATTACHED)

- ☐ Police Department Incident Report
- ☐ Police Department On-Site Inspection
- ☐ Finance Department
- ☐ Fire Department
- ☐ Building Department

LOCAL LICENSING AUTHORITY

☐ **Application approved**. Applicant meets requirements of the Colorado Retail Marijuana Code and Chapter 56 of the Lafayette Municipal Code. The license shall assume the balance of the licensing term held by the surrendered Medical Marijuana Business License.

☐ **Application denied**. See attached explanation.

_____ Date _____
Local Licensing Authority

_____
Attest [SEAL]