



MEDICAL MARIJUANA CULTIVATION 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
- Proof of possession of the premises (lease, lease assignment, deed)
- 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
- 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.
- Background Investigation Fee (\$750/person) Application fee includes one background investigation
- 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).
- 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)
- 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.



REVISED 10/27/15

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):

PREMISES

Attach a site plan, indicating distances from the building to all property lines.
Attach a floor plan, drawn to scale indicating dimensions. Total square footage: _____

USE CATEGORY

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

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
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MAP REQUIRED

Attach a street map that is drawn to scale. Indicate the proposed premise, at the center of a circle with a 1,000-foot radius, such that the setback restrictions below may be verified by the Planning and Building Department.

STAFF USE ONLY

According to the map provided by the applicant, the proposed premise complies with the following setback restrictions:

- 500 feet from a commercially licensed day care facility
- 500 feet from an existing licensed medical marijuana center or retail marijuana store
- 1,000 feet from a public or private school
- 1,000 feet from a hospital
- 500 feet from Public Road, north of South Boulder Road
- 500 feet from a residential subdivision, residentially zoned property or property with residential as the principal use
- 500 feet from East Simpson Street east of Public Road to 500-501 East Simpson Street
- 500 feet from 120th and 119th Streets north of Emma Street to US Hwy 7
- 800 feet from US Hwy 287 and US Hwy 7

Zoning District: _____ Use Category: _____

Previous Reviews: _____

- Approved
- Denied

Reason for denial:

Further Discretionary Review Required: _____

Application reviewed by: _____ Date: _____



**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 Medical Marijuana Center / Retail Store
- Medical Marijuana Cultivation
- Medical Marijuana Center
- Medical Marijuana Products Manufacture
- 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
- Change Corp. or Trade Name
- Change of Financier

FEES AND SUPPLEMENTAL INFORMATION

Fees must be submitted with application in the form of a cashiers check or money order. 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.

Applicant Signature

Date: _____

Registered Agent (if applicable)

Date: _____

MEDICAL AND RETAIL MARIJUANA LICENSING FEES

4/16/2015

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	

MEDICAL AND RETAIL MARIJUANA LICENSING FEES

4/16/2015

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
CHANGE IN CLASS OF LICENSE		\$200
CHANGE OF TRADE NAME		\$50
LOTTERY APPLICATION		\$100



**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 Medical Marijuana Center / Retail Store
- Medical Marijuana Center Cultivation
- Medical Marijuana Center
- Medical Marijuana Products 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 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

State of Colorado
County of Boulder

Address

Telephone

Subscribed before me on this ____ day of _____, 20____, by: _____
Name of Signatory

Notary Public

[SEAL]

My Commission Expires: _____



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 _____

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 marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partner ___% <input type="checkbox"/> Corporation <input type="checkbox"/> 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 <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
<div style="border: 1px solid black; padding: 5px; text-align: center;">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.</div>
Will you be printing your own returns? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have software or a company who will be printing your returns, you would mark Yes, everyone else should mark No. By marking No, the City will mail you the returns for the year. Returns 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
Sales Tax Contact Email Address
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) 604-4334
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 Lafayette)

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

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) <small>(Attach separate sheet if necessary)</small>			Nicknames, Aliases, Etc. Used (Full Name) <small>(Attach separate sheet if necessary)</small>		
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Date of Birth	Social Security Number	Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes attach details.)</small>	
Place of Birth: City		State	Country	Drivers License Number and State+	
Physical Appearance ↷	Height	Weight	Hair Color	Eye Color	Scars/Tattoos <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes explain on a separate sheet</small>
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	CO Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", include details here: <small>(Attach separate sheet if necessary)</small>		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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No *If "Yes", explain here:					
Applicant's Signature				Date	