



Medical Marijuana Licensing Authority
Office of the Pitkin County Clerk and Recorder
530 East Main Street, First Floor
Aspen, Colorado 81611
970.920.5180

MEDICAL MARIJUANA LICENSE APPLICATION

SECTION I License Information

License For:

[] New License Application [] Annual License Renewal

This application can be for more than one type of Medical marijuana license but can be for one location only

Type of License(s):

[] Medical Marijuana Center [] Medical Marijuana-Infused Products
[] Medical Marijuana Optional Premises Manufacturer
[] Cultivation Facility

SECTION II Applicant Information

Type of Business Structure:

[] Corporation [] Individual/Sole Proprietor
[] Partnership [] Limited or Limited Liability Partnership
[] Limited Liability Corporation [] Association or Other

Applicant's Legal Business or Trade Name (D/B/A) _____

Business Address of Licensed Premises _____

City _____ State _____ Zip Code _____ Pitkin County Caucus Area _____

Pitkin County Assessor's Parcel ID Number for the Licensed Premises _____

Applicant's Home/Residence Address (if different than Business Address) _____

City _____ County _____ State _____ Zip Code _____

Primary Contact Person for Business _____

Telephone _____ Email Address _____

Cell Phone _____

Primary Contact Address _____

City _____ State _____ Zip Code _____

Has an application for a Medical Marijuana business license (or licenses) been submitted to the Colorado Medical Marijuana Licensing Authority at the time of this local licensing application? [] Yes [] No

Has a Colorado Medical Marijuana Business License been issued to the applicant for the Medical marijuana operations specified in this local license application?	
Medical Marijuana Center State License No.:	Medical Marijuana Optional Premises Cultivation Facility State License No.:
Medical Marijuana-Infused Products Manufacturer State License No.:	

Does the applicant currently hold any medical marijuana licenses issued by both the County and State?	Yes	No
Pitkin County Medical Marijuana License Number(s) _____ Exp. Date _____		
State of Colorado Medical Marijuana License Number(s) _____ Exp. Date _____		
Date Operations began as a medical marijuana establishment _____		

If applicant is a corporation, partnership, limited liability company or association, applicant must list all officers directors, general partners and managing members. **In addition**, applicant must list any stockholders, partners, members or other individuals with an **ownership interest** in the applicant.

ATTACH CURRENT CERTIFICATE OF GOOD STANDING FROM COLORADO SECRETARY OF STATE

Name	Home Address, City, County, State, Zip Code	DOB	Position	Percent or Type of Ownership Interest

ANY CHANGE IN OWNERSHIP INTEREST OF INDIVIDUALS OR ENTITIES ASSOCIATED WITH THE LICENSED PREMISES SHALL BE REPORTED TO THE LICENSING AUTHORITY WITHIN 7 DAYS, INCLUDING DISCLOSURE OF INDIVIDUALS WHO NO LONGER HAVE AN OWNERSHIP INTEREST IN THE LICENSED PREMISES AND IF APPLICABLE, ANY INDIVIDUALS WHO HAVE GAINED AN OWNERSHIP INTEREST IN THE LICENSED PREMISES

SECTION III Employee Information

List the name, address, date of birth, results and an explanation of any background check, and occupational licenses held for each individual employed by the applicant:

Employee Name	Employee Address, City, State, Zip	Employee DOB	Results & Explanation of Background Check	Occupational Licenses Held

ANY CHANGE IN EMPLOYEES OF THE LICENSED PREMISES SHALL BE REPORTED TO THE LICENSING AUTHORITY WITHIN 7 DAYS

SECTION IV Licensing Requirements (attach additional information on a separate sheet)

For complete Pitkin County Medical Marijuana Licensing Regulations refer to the Pitkin County Code Sections 6.49.010-6.49.140

Will the applicant have legal possession of the licensed premises for at least one year from the date this license is issued by virtue of ownership, lease or other arrangement?

Ownership (Attach copy of property Deed or Deed of Trust) Lease (Attach copy of current Lease or Rental Agreement and Authorization to Use Property for Medical Marijuana Operations)

Other (explain in detail, attach Authorization to Use Property For Medical Marijuana Operations) _____

Pitkin County Zone District for the location of the licensed premises _____

List all other existing uses of the licensed premises:

Number of vehicle trips per day expected to be generated by the business: _____

Expected source and amount of water use for the licensed premises: _____

Viable Water Supply for anticipated level of consumption _____

Manner of disposal of waste water, waste marijuana or waste marijuana products: _____

Are the licensed premises within 1000 feet of an alcohol or drug treatment facility, licensed child care facility or educational facility as measured from the closest point of the subject property lines?

Yes* No

***If yes, is this: 1) a renewal application in compliance with the continuous operation requirement of the Pitkin County Medical Marijuana Regulations AND 2) the facility DID NOT exist at the time of initial licensing?**

Yes No*

***If no, STOP. This application does not comply with Pitkin County Medical Marijuana Licensing Regulations**

PROVIDE EVIDENCE OF THE FOLLOWING:

Pitkin County Building Department Compliance: That any building located on the licensed premises complies with all applicable building code standards as well as documentation of compliance with all applicable Colorado Plumbing/Electrical code standards

Pitkin County Land Use Compliance: Provide evidence that use of the licensed premises is allowed in the Zone District

Fire District Compliance: Provide evidence from the appropriate fire district in which the licensed premises are located that demonstrates compliance with applicable fire code provisions

List interior lighting, screening and odor mitigation equipment (type of product or name of specific product) installed or to be installed in the licensed building(s): _____

Describe in detail the procedures that will be utilized to prevent the outflow of light and odor from detrimentally impacting surrounding properties: _____

Describe in detail the security measures for the licensed premises _____

Attach a site plan drawn to scale of all **existing** buildings located on the licensed premises, including a floor plan showing how the floor space will be used, parking for the premises, total floor area of the building(s), height of the building(s), total area of the property and the nature and location of any existing or proposed exterior lighting and signage

Attach a site plan drawn to scale of all **proposed** building(s) to be constructed, including a floor plan showing how the floor space will be used, location of proposed building(s) on the property, total proposed floor area of the building(s), height of the proposed building(s), the construction material of the proposed building(s) and the screening of the proposed building(s)

SECTION V Licensed Premises Manager(s) Information:

ONE MANAGER MUST BE AVAILABLE AT ALL TIMES

Name of manager for the licensed premises: _____ DOB: _____
Home Address _____ City _____ State _____ Zip _____
Mailing Address (if different than above) _____ City _____
State _____ Zip _____
Telephone _____ (Land) Email Address _____
_____ (Mobile)

Name of manager for the licensed premises: _____ DOB: _____
Home Address _____ City _____ State _____ Zip _____
Mailing Address (if different than above) _____ City _____
State _____ Zip _____
Telephone _____ (Land) Email Address _____
_____ (Mobile)

Name of manager for the licensed premises: _____ DOB: _____
Home Address _____ City _____ State _____ Zip _____
Mailing Address (if different than above) _____ City _____
State _____ Zip _____
Telephone _____ (Land) Email Address _____
_____ (Mobile)

Name of manager for the licensed premises: _____ DOB: _____
Home Address _____ City _____ State _____ Zip _____
Mailing Address (if different than above) _____ City _____
State _____ Zip _____
Telephone _____ (Land) Email Address _____
_____ (Mobile)

SECTION VI Oath of Application

I declare under penalty of law, that this application and all attachments are true, correct, and complete to the best of my knowledge and belief. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Pitkin County Medical Marijuana Licensing Regulations that govern any Medical Marijuana establishment issued a license under this application. I understand that it is my continuing obligation to provide the Licensing Authority with any changes or updates to the information provided herein. Any violation of the Pitkin County Medical Marijuana Regulations or licensing requirements may be subject to a fine of up to \$1,000 per occurrence. Each day a violation exists shall be considered a separate occurrence subject to fine.

Authorized Signature	Title	Date
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MEDICAL MARIJUANA LICENSE APPLICATION CHECKLIST

The following documents must accompany this application:

- Proof of Notice of Hearing
 - Newspaper publication
 - Copy of posting on licensed premises
- Copy of Property Deed, Lease or Rental Agreement or Contract for the right to possess physical premises for a period of at least one year from the date of issuance of license
- Copy of Authorization to Use Property for Medical Marijuana Operations from property owner if premises are not owned by applicant
- Certificate of Good Standing from Colorado Secretary of State (if applicant is a corporation, partnership, LLC or association)
- Evidence of Pitkin County Building Department, Zoning and Fire District Compliance
- Site Plan drawn to scale of all existing buildings on the property where premises is located [see application page 4, for specific requirements]
- Site Plan drawn to scale of all proposed buildings to be constructed on the property where premises is located [see application page 4, for specific requirements]
- Evidence that the premises is not within 1000 feet of a alcohol or drug treatment facility, licensed child care facilities, and/or educational facilities as measured from the closest point of the subject property lines
- Copy of State License(s) for proposed licensed premises
- Additional documentation as necessary to provide complete responses to all application questions

Required by Licensing Authority: Referred to relevant Caucus Area

Pitkin County Application Fee-Initial Medical Marijuana License	\$1000
Pitkin County Application Fee-Renewal Medical Marijuana License	\$1000

Annual Licensing and Application Fees from State Established by the Colorado Department of Revenue Marijuana Enforcement Division

- Bring application and all attachments, exhibits, required documents and fees to:** Jeanette Jones, Pitkin County Medical Marijuana Licensing Authority, Office of the Pitkin County Clerk and Recorder, 530 E Main Street, 1st Floor, Aspen, Colorado 81611