



## **Town of Mt. Crested Butte**

### **Application for Marijuana Establishment License**

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#### **Marijuana License Application Checklist**

Applications must be complete and all fees must be paid before the Clerk will process your application.

#### **Required Documentation**

- ☐ Copy of the entire application you filed with the Colorado Marijuana Enforcement Division, including supporting documentation.
- ☐ Town of Mt. Crested Butte Marijuana License Application and all applicable fees.
- ☐ A set of fingerprints for each controlling owner and each person that owns more than 10% of the business. You must submit to the Town a hard copy of your fingerprints. We do not use Identigo.
- ☐ Floor plan of the facility, to scale, no larger than 8 ½ x 11-inch paper, identifying walls, fixtures, countertops and entrances.
- ☐ Copy of State of Colorado Sales Tax License
- ☐ Proof of Ownership of the proposed location in the name of the business, or a lease in the business name showing possession for at least one year from the date of the application (deed, lease, rental agreement or other appropriate documentation)
- ☐ Articles of Organization and Operating Agreement (if LLC)
- ☐ Articles of Incorporation and Bylaws (if corporation)
- ☐ Certificate of Good Standing from the State of Colorado
- ☐ Documentation evidencing authority for applicant to apply on behalf of owners with more than twenty-five percent (25%) ownership in license
- ☐ Certification that Applicant and all individual Controlling Owners are not prohibited from becoming a licensee due to violating provisions of C.R.S. § 44-10-307

***The clerk may ask for more documentation than is listed here.***



**TYPE OF LICENSE: *please choose ONE***

- ☐ Medical Marijuana Store
- ☐ Medical Marijuana Delivery
- ☐ Retail Marijuana Store
- ☐ Retail Marijuana Hospitality and Sales Business
- ☐ Retail Marijuana Hospitality Business
- ☐ Modification of Premises
- ☐ Transfer of License Ownership
- ☐ Transfer of License Location

**BUSINESS PREMISE INFORMATION:**

**Legal Business Name:** \_\_\_\_\_

**Trade Name of Business (dba):** \_\_\_\_\_

**FEIN:** \_\_\_\_\_ **Town Sales Tax #:** \_\_\_\_\_

**State Sales Tax #:** \_\_\_\_\_

**Physical Address of Business:** \_\_\_\_\_

**Mailing Address of Business:** \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

**Property Owner Address and Phone Number:**

\_\_\_\_\_

**Building Owner Name:** \_\_\_\_\_

**Building Owner Address and Phone Number:**

\_\_\_\_\_

If the applicant is not the owner of the land or building where the marijuana establishment is to be located, the applicant shall submit a lease and a notarized "Property Owner Consent Form" granting consent from the property and/or building owner for the Town to initiate the review process.



## APPLICANT INFORMATION

**Applicant is applying as (a please choose ONE):**

- ☐ Corporation
- ☐ Limited Liability Company (LLC)
- ☐ Partnership (includes spousal partnerships)
- ☐ Individual (Sole Proprietor)
- ☐ Other (Specify) \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Individual or Sole Proprietorship:

Applicant Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Physical Address: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

What Marijuana License(s) does the Applicant or any member of the LLC, Corporation, Partnership, Association currently hold with the State of Colorado?

- ☐ Medical Marijuana Center License #: \_\_\_\_\_
- ☐ Retail Marijuana Establishment License #: \_\_\_\_\_
- ☐ Marijuana Product Manufacturing License #: \_\_\_\_\_
- ☐ Marijuana Testing License #: \_\_\_\_\_
- ☐ Cultivation Center License #: \_\_\_\_\_
- ☐ Other License #: \_\_\_\_\_
- ☐ None



### OATH OF APPLICANT

**I declare under penalty of perjury in the second degree that this application and any required attachments are true, correct and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Marijuana Code that will affect my license.**

Authorized Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_



### Individual Information

***Each Controlling Owner with at least 10% financial interest in the business whose name the license is in, including sub entity owners, must complete this portion of the application as well as submit a set of fingerprints.***

Full Name: \_\_\_\_\_

Title & Role in the Business: \_\_\_\_\_

Cell/Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Physical Address where you reside: \_\_\_\_\_

Dates you have lived at this address: From \_\_\_\_\_ To \_\_\_\_\_

Full Mailing Address, if different: \_\_\_\_\_

List complete physical addresses for past 5 years of residency and dates you resided there:

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Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you or any domestic or foreign entity that you had any ownership interest in ever owned or applied for a marijuana license in any jurisdiction? \_\_\_\_ Yes \_\_\_\_ No

If yes to the above question, have you ever been subject to any of the following actions: Denial, Surrender, Order to Show Cause, Suspension, Revocation, Settlement or Stipulation? If yes to any action, provide details on a separate sheet, including the jurisdiction, type of action, and date of action.

Have you, or has any domestic or foreign entity that you had any ownership interest in, ever been found to have violated state or local marijuana regulations, or been subject to paid late fees or fines. \_\_\_\_ Yes \_\_\_\_ No



If yes to the above question, provide details on a separate sheet, including the jurisdiction, type of action, and date of action.

In the past three years have you, or has any domestic or foreign entity that you had any ownership interest in, been delinquent in the remittance of any local or state sales taxes?

☐ Yes ☐ No

If yes to the above question, provide details on a separate sheet, including the jurisdiction and the remediation of the issue.



### **Applicant Certification**

**Applicant / Owner certifies and affirms that (initial all):**

\_\_\_\_\_ I have read Chapter 11, Article VII (7) of the Mt. Crested Butte Town Code regarding Retail and Medical Marijuana Businesses.

\_\_\_\_\_ I am at least 21 years old.

\_\_\_\_\_ I understand that the Town of Mt. Crested Butte makes no promises in connection with this application and all application fees are nonrefundable.

\_\_\_\_\_ I understand that federal laws concerning possession and distribution of controlled substances apply and the Town accepts no legal liability for approval and licensing of marijuana stores.

\_\_\_\_\_ I understand that other than personal identifying information, this application and its accompanying documents are subject to Colorado Open Records Act.

\_\_\_\_\_ I understand that no major changes to the license or the licensed premises may occur without a modification to the license, including a change of ownership structure.

\_\_\_\_\_ I am granted full authority to act concerning this application filed for legal business/licensee on behalf of all controlling owners, including the submittal of this application under written authority, a copy of which has been provided.

\_\_\_\_\_ I declare under penalty of perjury that all of the information contained in this application and all attachments are true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_ I agree to indemnify and hold the Town harmless from any and all damages in connection with this application, including all damages in connection with this application, including paying for all Town Attorney fees and costs incurred as a result of any damage claim made against the Town.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_



**Town of Mt. Crested Butte's Marijuana Establishment License  
Property Owner Consent**

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Street Address of Proposed Licensed Premise: \_\_\_\_\_

**OWNER'S CONSENT TO SUBMISSION OF APPLICATION FOR MARIJUANA ESTABLISHMENT ON  
OWNED PREMISES**

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (please check all that apply):

- ☐ Medical Marijuana Store
- ☐ Medical Marijuana Delivery
- ☐ Retail Marijuana Store
- ☐ Retail Marijuana Hospitality and Sales Business
- ☐ Retail Marijuana Hospitality Business

Property Owner (Printed Name) \_\_\_\_\_

Property Owner (Signature) \_\_\_\_\_

Date \_\_\_\_\_

STATE OF COLORADO            )  
  ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_.

Witness my hand and official seal.  
My commission expires \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public





<b>Marijuana Fees</b>		
New Application Fee	Each	\$2,000.00
Yearly Operating Fee	Each	\$2,000.00
Change of Location Fee	Each	\$500.00
Modification of Premise	Each	\$500.00
Change of Corporate Structure/Officers/Directors	Per change	\$300.00
Manager Registration (if not owners)	Each	\$500.00
Transfer of Ownership	Each	\$2,000.00
Late Fee (for applications received less than 45 days prior to their renewal date)	Each	\$5,000.00
Marijuana license fingerprints and background check	Each	\$40.00

New application fee and fingerprint background check fees are due at the time of application.



## **Mt. Crested Butte Marijuana Establishment of Licensing Process**

### **Town of Mt. Crested Butte Allows the Following Marijuana Licenses:**

- Medical Marijuana Store
- Medical Marijuana Delivery
- Retail Marijuana Store
- Retail Marijuana Hospitality and Sales Business
- Retail Marijuana Hospitality Business

### **Process**

- Applicant fills out and submits the Town of Mt. Crested Butte Marijuana Establishment Application to the Town Clerk.
- For all marijuana establishments, the applicant shall submit a copy of their entire application that was submitted to the Colorado State Marijuana Enforcement Division.
- Pay the Town Application, Operating and Fingerprint Background Check Fees. The Town application fee is nonrefundable. If the application is withdrawn or not approved by the Town, the Town operating fee will be refunded.
- If the establishment will be located in/on a leased or rented building or property, filing of the completed property owner's permission affidavit must accompany the application.
- The Town Attorney and Town Staff will review the application packet.
- If modifications are being done to the building you will need to schedule a meeting with the Community Development Department.
- Once all applicable Town Departments have approved of the application and the State has approved conditional licensure, the Town Clerk may set a public hearing on the application.
- The premises shall be posted with a poster provided by the Town that includes the date and time of the public hearing. The applicant and all interested citizens can give testimony for or against the issuance of the license.
- Town Council may take action on the application following the public hearing, either on the same day or at a subsequent approve or deny the application based on those findings.



- Once approved by Town Council, the Town Clerk shall issue the Town of Mt. Crested Butte marijuana establishment license. The Town license is good for one year. The establishment may not operate until both the State approved license and the Town approved license are issued and displayed at the establishment.

**TOWN OF MT. CRESTED BUTTE DEPARTMENTAL APPROVALS  
TO BE COMPLETED BY TOWN STAFF ONLY**

Each department must review, approve, sign, check-off, and date for application approval to be forwarded to City Council for approval.

**Town Clerk**

Includes payment of application and licensing fees, submission of complete application forms and any other forms as required.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

**Community Development**

Compliance with building, mechanical, fire, land use and technical codes of the Mt. Crested Butte Municipal Code.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

**Finance**

Compliance with sales tax collection and remittance code requirements.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

**Police**

Successful completion of local background checks and investigations.

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

**Date of Public Hearing:** \_\_\_\_\_

**APPLICATION APPROVED: (date)** \_\_\_\_\_

**APPLICATION DENIED: (date)** \_\_\_\_\_