



DENVER THE MILE HIGH CITY

City & County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
720-865-2740

MEDICAL MARIJUANA DISPENSARY LICENSE APPLICATION

[ ] New License

[ ] License renewal

Applicant is applying as

[ ] Corporation
[ ] Partnership

[ ] Individual
[ ] Limited Liability Corporation
[ ] Association or Other

Applicant Last Name First Name Middle Initial State Sales Tax No.

City Sales Tax No. FEIN No.

Trade name of Establishment (DBA)

Address of Premises

City State Zip Code

Mailing Address City, State Zip Code

Telephone Email Address

If applicant is individual complete the following:

Home address

Social Security Number Date of Birth

Driver's License Number Jurisdiction that issued Driver's License

If applicant is a corporation, partnership, association or limited liability corporation, applicant must list ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. In addition applicant must list any stockholders, partners, or members with OWNERSHIP OF 10% OR MORE IN THE APPLICANT. ALL PERSONS LISTED BELOW MUST ALSO BE FINGERPRINTED by the licensing authority. If necessary, provide additional information on a separate sheet.

Table with 5 columns: NAME, HOME ADDRESS, CITY, STATE & ZIP CODE, DOB, POSITION, % OWNED

Has the applicant or any partner, member, officer, director, or stockholder of the applicant ever been convicted of a felony in a federal, state, or other court?

[ ] Yes [ ] No

If the answer is yes, please provide the following: (if necessary, provide additional information on a separate sheet)

Table with 5 columns: Name and Location of Court, Charge convicted of, Sentence, Date of sentencing, Last date of incarceration/ parole/ probation

Has the applicant been denied an application for a medical marijuana dispensary by any jurisdiction?	Yes	No
Has the applicant had a medical marijuana dispensary license suspended or revoked by any jurisdiction?	Yes	No
Does the Applicant have legal possession of the premises for at least 1 year from the date that this license will be issued by virtue of ownership, lease or other arrangement? <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (explain in detail) _____		
If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:		
Landlord	Tenant	Expires
<b>If premises are leased, attach written consent by the owner of the property to the licensing of the premises for a medical marijuana dispensary.</b>		
Are the premises to be licensed within 1,000 feet of any school, pre-school, or child care establishment?	Yes	No
Are the premises to be licensed within 1,000 feet of any other medical marijuana dispensary?	Yes	No

Name of manager for licensed premises: _____		Date of Birth: _____
Social Security Number: _____		Driver's License No. _____

Does the applicant propose to have retail sales of food on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what items will be sold _____		

Does the applicant have a retail sales license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when did applicant obtain license? _____
Has applicant begun operations as a medical marijuana dispensary?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, when did operations begin? _____			

<p><b>Additional Documents to be submitted</b></p> <p>Lease or Deed  Zone use permit  Copy of burglar alarm permit  Copy of sales tax license  Affidavit of Lawful Presence  Operating plan to include:</p> <ul style="list-style-type: none"> <li>• A description of products and services to be provided by the dispensary, including an indication of whether the dispensary proposes to engage in the retail sale of food for human consumption.</li> <li>• A floor plan, drawn to scale on 8-1/2 x 11" paper, showing the layout of the dispensary and the principal uses of the floor area including a depiction of where any services other than the dispensing of medical marijuana are proposed to occur on the licensed premises.</li> <li>• A security plan indicating how the applicant intends to comply with the requirements related to monitoring and securing the licensed premises as provided in the ordinance.</li> <li>• An area map, drawn to scale on 8-1/2 x 11" paper, indicating, within a radius of one-quarter mile from boundaries of property upon which dispensary is located, the proximity of the property to any school or child care establishment; to any other medical marijuana dispensary, or to any residential zone district.</li> </ul>
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<b>Oath of Application</b>		
I declare under penalty of perjury in the second degree that this application and all 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 Denver Revised Municipal Code and all Rules and Regulations which govern my Medical Marijuana Dispensary License Application.		
Authorized Signature	Title	Date