

Associated Key License Application Form

Applicant's Last Name (Please Print)			First Name (Please Print)			Full Middle Name						
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)				Nicknames, Ailases, Etc. Used (Full Name) (Attach separate sheet if necessary)								
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 (If yes attach details) <input type="checkbox"/> No				
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		If yes explain on a separate sheet
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		CO Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Residency		*If "No", include details here: (Attach separate sheet if necessary)			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 10 years, not including present address, (attach separate sheet if necessary)												
Street and Number			City/State/ZIP				From			To		
Name of licensed Marijuana business associated with						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 Marijuana license or are you an associated person in any other type of Colorado 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 Marijuana license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? (Not including a medical marijuana patient card)										<input type="checkbox"/> Yes <input type="checkbox"/> No		
*If "Yes", explain here:												
Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against any Marijuana license that you have held, either individually or as part of an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				

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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NOTICE: The Associated Key License Application Form is an official document. If you provide false information on your Marijuana license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information.

If you need clarification of any of the following questions, please contact the Investigations Section at any Marijuana Enforcement Division office.

1. Have you discharged a sentence for a conviction of a felony pursuant to any state or federal law regarding the possession, distribution, manufacturing, cultivation, or use of a controlled substance, including probation or parole, within the past 10 years, even if the conviction occurred more than 10 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you served a sentence, including probation or parole, within the past 5 years upon conviction for ANY felony, even if the conviction occurred more than 5 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a licensed Physician making patient recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had your authority to act as a primary caregiver revoked by the State Health Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you under 21 years of age at the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you an officer, reserve police officer, agent, or employee of any law enforcement agency of the State of Colorado?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STOP! If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Marijuana license.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana license if I answered "Yes" to any of the questions above.	
Applicant's Signature	Date

Applicant's Last Name (Please Print)		First Name (Please Print)		Full Middle Name	
Education					
High School Name			Location		
Major	Dates Attended From		To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned
College/Vo-Tech Name (Submit diploma copy)			Location		
Major	Dates Attended From		To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned
Other College/School Name (Submit diploma copy)			Location		
Major	Dates Attended From		To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned
Other College/School Name (Submit diploma copy)			Location		
Major	Dates Attended From		To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned
Criminal History					
1. Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance?.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. In the last 10 years have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> You must include ALL arrests, charges, and convictions in the last 10 years but not prior to the age of 18 regardless of the outcome, even if the charges were dismissed or you were found not guilty. You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses). You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody. NOTICE: Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action. If yes, give details below. List all cases without exception, including bankruptcies: 					
<p>*If you answered YES, explain in detail on a separate sheet and attach it to your application. For each offense for which you were arrested or charged, YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE. This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.</p>					
3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.					

Applicant's Initials _____

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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DR 8520 (09/10/14)
COLORADO DEPARTMENT OF REVENUE
 Marijuana Enforcement Division

Arrest Disclosure Form

If, since turning age 18, you have ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance, you must disclose this information to the Marijuana Enforcement Division. If you have been arrested in the past 10 years, given a summons, or been convicted of any offense, you must disclose this information to the Marijuana Enforcement Division. Any person licensed by the Marijuana Enforcement Division, must make written notification to the Division's office of any felony criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

Please List Each Offense Separately

1	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
2	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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DR 8520 (09/08/14)

COLORADO DEPARTMENT OF REVENUE

MEDICAL MARIJUANA ENFORCEMENT DIVISION

Arrest Disclosure Form

(Continued)

Please List Each Offense Separately

3	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
4	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
Signature		Date

Applicant's Last Name (Please Print)		First Name		Full Middle Name	
Employment and Business Association History					
Beginning with your current employment, list all jobs you have held in the past 10 years, but not prior to age 18. Also, list all businesses with which you have been associated, including all corporations, partnerships or any other business ventures with which you have been associated, including as an officer, director, stockholder, partner, limited partner, member, or in any other related capacity.					
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving	
	Address (include ZIP code)			Supervisor's Name	
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving	
	Address (include ZIP code)			Supervisor's Name	
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving	
	Address (include ZIP code)			Supervisor's Name	
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving	
	Address (include ZIP code)			Supervisor's Name	
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving	
	Address (include ZIP code)			Supervisor's Name	
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving	
	Address (include ZIP code)			Supervisor's Name	
Character References					
List three character references who have known you five or more years. Do not include relatives, present employer, or employees.					
1	Last Name		First Name		Middle Name
	Residence Phone ()				
Years Known	Address		City	State	ZIP
Employer					Business Phone ()
Address			City	State	ZIP
2	Last Name		First Name		Middle Name
	Residence Phone ()				
Years Known	Address		City	State	ZIP
Employer					Business Phone ()
Address			City	State	ZIP
3	Last Name		First Name		Middle Name
	Residence Phone ()				
Years Known	Address		City	State	ZIP
Employer					Business Phone ()
Address			City	State	ZIP

Applicant's Initials _____

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Financial History

1. Are you as an individual, principal of any form of business entity, or as an owner, officer or director of a corporation, delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? ☐ Yes ☐ No

2. Check any of the following privileged or professional licenses you have held individually or as part of an ownership group in this state or any other domestic or foreign jurisdiction: ☐ Yes ☐ No

☐ Liquor ☐ Real Estate Broker/Sales ☐ Accountant
☐ Lawyer ☐ Physician ☐ Insurance
☐ Racing ☐ Lottery ☐ Securities Dealer
☐ Other: _____

3. Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action taken against any such license that you have held, either individually or as part of an ownership group? ☐ Yes ☐ No

4. Do you now own, have ever owned, or otherwise derive a benefit from assets held outside the United States, whether held in your own name or another name, on your behalf or for another person or entity, or through other individuals or business entities, or in trust, or in any other fashion or status? ☐ Yes ☐ No

5. Are you currently a party, or ever been a party, in any capacity, to any trust instrument? ☐ Yes ☐ No

6. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against you or a business entity of which you were a principal or against a corporation for which you were an owner, officer or director. ☐ Yes ☐ No

*If you answered YES to any of the questions above or checked any boxes above, give details on separate sheet, including license number and dates license held for licenses marked on question 2. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.

Applicant's Initials _____

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Personal Financial

1. Annual Income

Salary (Source):	\$
Salary (Source):	\$
Interest (Source):	\$
Interest (Source):	\$
Dividends (Source):	\$
Dividends (Source):	\$
Other (Source):	\$
Other (Source):	\$
Total	\$

Please submit all executed agreements or documents that grant you any right to any percent of ownership or percent of income from the Colorado Marijuana business with which you are associated.

2. Amount to be invested or loaned in business:	\$
3. Percentage of ownership this amount represents:	%
4. Investment will be derived from the following sources:	
5. Has your interest in this Marijuana establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, explain:	

Applicant's Initials _____



Affidavit - Restrictions on Public Benefits

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

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

Applicant's Request to Release Information

(All signatures must be notarized)

Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____, in _____, <div style="text-align: right; font-size: small;">(City)</div> _____, by _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (State) (Applicant Printed Name) </div>	Notary Seal	
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
Spouse's Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____, in _____, <div style="text-align: right; font-size: small;">(City)</div> _____, by _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (State) (Applicant Printed Name) </div>	Notary Seal	
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Signature of Marijuana Enforcement Division agent presenting this request		Date

This page is not needed by the City of Fort Collins

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