

Medical Marijuana License Number (Leave Blank)

Employee Key License Application Form

Applicant's Last Name (Please Print)		First Name		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 <input type="checkbox"/> No (If yes attach details.)
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 <i>If yes explain on a separate sheet</i>
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: (Attach separate sheet if necessary)		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? (Not including your medical marijuana patient card) <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Have you ever been denied a Medical Marijuana license, withdrawn a Medical Marijuana license application or had any disciplinary action taken against any Medical Marijuana license that you have held, either individually or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

Applicant's Last Name (Please Print)	First Name	Middle Name
--------------------------------------	------------	-------------

Notice: The Employee Key License Application Form is an official document. If you provide false information on your Medical 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. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.

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

1. Have you ever been convicted of a felony at anytime regarding the possession, distribution, or use of a controlled substance?	<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. Are you a licensed Physician making patient recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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
5. Are you under 21 years of age at the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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
7. Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the marijuana state licensing authority or a local licensing authority?	<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 Medical Marijuana license.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana license if at any time in the future I can ever answer "Yes" to any of the questions above.

Applicant's Signature	Date
-----------------------	------

Applicant's Last Name (Please Print)	First Name	Middle Name
--------------------------------------	------------	-------------

Military Information

Have you ever served in any armed forces? (Please provide certified copy of DD214)

Yes No If "Yes": Active Reserve

Branch	Service Number	Date of Service	Type of Discharge	Grade/Rank
--------	----------------	-----------------	-------------------	------------

While in military service, were you ever arrested for an offense in violation of UCMJ?

Yes No If "Yes", explain in detail on a separate sheet and attach it to your application.

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, or use of a controlled substance? Yes No

2. In the last 10 years have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY non-drug or non-narcotic related crime or offense in any manner in this or any other country? Yes No

- 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 you answered YES, explain in detail on the sheet provided. 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.

3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country? Yes 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? Yes 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	Middle Name
--------------------------------------	------------	-------------

DR 8521 (08/29/13)
COLORADO DEPARTMENT OF REVENUE
 Marijuana Enforcement Division
 455 Sherman Street, Suite 390
 Denver, CO 80203

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 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 non-narcotic 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 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).		
Printed Name		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Middle Name
--------------------------------------	------------	-------------

DR 8521 (08/29/13)
COLORADO DEPARTMENT OF REVENUE
 Marijuana Enforcement Division
 455 Sherman Street, Suite 390
 Denver, CO 80203

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).		
Printed Name		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Middle Name
Financial History		
1. Are you delinquent in the filing of any tax return with any taxing agency anywhere?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you delinquent in the payment of any judgments due to any governmental agency anywhere?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you delinquent in the repayment of any government-insured student loans?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you delinquent in the payment of any child support?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquor <input type="checkbox"/> Real Estate Broker/Sales <input type="checkbox"/> Accountant <input type="checkbox"/> Gaming <input type="checkbox"/> Lawyer <input type="checkbox"/> Physician <input type="checkbox"/> Insurance <input type="checkbox"/> Racing <input type="checkbox"/> Lottery <input type="checkbox"/> Securities Dealer <input type="checkbox"/> Other:		
7. 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you, as an individual, principal of any form of business entity, or as an owner, officer or director of a corporation, ever filed a bankruptcy petition, had such a petition filed against you or the business entity or the corporation; or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for you or the business entity or corporation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you currently a party, or ever been a party, in any capacity, to any trust instrument?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. 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.		<input type="checkbox"/> Yes <input type="checkbox"/> 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 6. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.		

OATH BY ASSOCIATED PERSON OR ASSOCIATED KEY

I declare, under penalty of perjury, that the entire foregoing pages, including all statements made and attachments (if any), are true, correct, and complete to the best of my knowledge and belief. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges.

Signature	Title (<i>owner, manager, director, etc.</i>)	Date
-----------	-------------------------------------------------	------

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____,
20____, by _____.

Witness my hand and official seal.

Notary Public

My commission expires: _____