



# LICENSE APPLICATION MEDICAL MARIJUANA BUSINESS

<b>Business Type (check all that apply):</b> <input type="checkbox"/> Center <input type="checkbox"/> Medical Marijuana-infused <input type="checkbox"/> Cultivation Facility        Products Manufacturer		<b>Application Type (check one):</b> <input type="checkbox"/> New License <input type="checkbox"/> Renewal	
<b>Applicant's Legal Business Name</b>		<b>Applicant is (check one):</b> <input type="checkbox"/> an individual <input type="checkbox"/> a corporation <input type="checkbox"/> a partnership <input type="checkbox"/> a limited liability company <input type="checkbox"/> an association <input type="checkbox"/> other (please specify): _____	
<b>Trade Name (doing business as)</b>			
<b>Physical Address of Business</b>		<b>Business Phone</b>	<b>Business FAX</b>
<b>City, State and Zip</b>		<b>City Sales Tax No.</b>	<b>Federal Taxpayer ID Number</b>
<b>Email Address</b>		<b>Website Address</b>	
<b>Mailing Address (if different from Business Address)</b>		<b>City, State and Zip</b>	
<b>Name of On-site Center Manager</b>		<b>Manager's Cell Phone Number</b>	
<b>Manager's Email Address</b>			
<b>Has the applicant (including any partners, members, managers, officers, directors, stockholders, or any other person or entity having a financial interest in this business) ever, in Colorado or any other state:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           (a) been denied a medical marijuana business license?            (b) had a medical marijuana business suspended or revoked?            (c) had an interest in another entity that has had a medical marijuana business license denied, suspended or revoked?         </div> <div> <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Yes   <input type="checkbox"/> No         </div> </div>			
<b>Does the applicant have legal possession of the premises by ownership, lease, or other arrangement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate how legal possession is obtained (check one): <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (describe) _____ If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear in the lease.			
<b>Landlord</b>		<b>Tenant</b>	<b>Expiration Date</b>
<b>If leased, has the owner of the property consented, in writing, to the premises being used and licensed for a medical marijuana business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership interest in the license. List all parent, holding or other intermediary business interest. A DR 8520 must be submitted for all persons in a privately held company or a publicly traded corporation, and all officers and directors.

[illegible]

FINANCIAL INFORMATION			
Unless otherwise required by law, information provided below will be treated as CONFIDENTIAL.			
List business bank account information			
Bank Name and Address	Account Name(s)	Account Number(s)	Persons Authorized on Acct
List who, besides the persons listed in the previous question, will loan or give money, inventory, furniture or equipment to, or for use in, this business; and who will receive money from this business. Attach separate sheet if necessary. <i>Attach copies of all notes, security instruments, written agreements, or details of any oral agreement, by which any person or entity will share in the profit or gross proceeds of this business.</i>			
Name of Person/Entity	Date of Birth	FEIN or SSN	Nature of Interest

OATH OF APPLICANT		
<p>I declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete to the best of my knowledge. 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. I also acknowledge that it is my responsibility to become familiar, and comply, with the provisions of Chapter 15, Article XVI of the Fort Collins City Code, and the Colorado Medical Marijuana Code.</p>		
Signature	Title	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: \_\_\_\_\_