



### Medical Marijuana Business License Application

Applicant business name: \_\_\_\_\_

Trade name (D/B/A): \_\_\_\_\_

New Medical Marijuana License Application submitted to the State of Colorado?  Yes  No

Provide copy of the application & fees submitted to the State (check if attached):

**City of Durango fee schedule:**

Application fee for a new medical marijuana center OR a transfer of ownership	-----	\$2500.00	\$2500.00
New license fee for a medical marijuana center	-----	\$2500.00	\$2500.00
Operating fee	-----	\$5000.00	\$5000.00

**Background investigation fees:**

Every owner or individual with any financial interest in the applicant (as listed on page 3) is subject to a background investigation. If no owner resides in the City of Durango, Colorado, then one business manager is subject to a background investigation in addition to every owner.

Number of individuals subject to background investigation: \_\_\_\_ x\$250.00 \$ \_\_\_\_\_

**Cashier's check/money order. Cash accepted only by appt. Total: \$ \_\_\_\_\_**

Address of premises: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_ Premises telephone: \_\_\_\_\_

Business email: \_\_\_\_\_ Website: \_\_\_\_\_

License mailing contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_ (check if same as address of premises)

City, state, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sales tax mailing contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_ (check if same as address of premises)

City, state, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

What marijuana license(s) does the applicant currently hold with the City of Durango?

- Medical marijuana center      License #: \_\_\_\_\_
- Retail marijuana store      License #: \_\_\_\_\_
- Retail marijuana testing      License #: \_\_\_\_\_
- Other: \_\_\_\_\_      License #: \_\_\_\_\_
- None

What marijuana license(s) does the applicant currently hold with the State of Colorado?

- Medical marijuana center      License #: \_\_\_\_\_
- Retail marijuana store      License #: \_\_\_\_\_
- Retail marijuana testing      License #: \_\_\_\_\_
- Other: \_\_\_\_\_      License #: \_\_\_\_\_
- None

Check here if additional information is provided on a separate sheet.

Applying as (check one):

- Corporation       Limited Liability Corporation
- Partnership       Association
- Individual/Sole Proprietor – *Affidavit of Lawful Presence required for all Sole Proprietorships*

If applicant is a corporation, partnership, limited liability corporation, or association (**not** a sole proprietorship), applicant must list **all officers, directors, partners, and managing members**. In addition, applicant must list **any stockholders, partners, members, or other persons with any financial interest in the applicant**.

Name	Home address, city, state, ZIP code	DOB	Title	% owned

Check here if additional information is provided on a separate sheet.

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgment pertaining to any charge related to possession, use, or possession with intent to distribute narcotics, drugs, or controlled substances?

Yes  No

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgment pertaining to any charge related to driving or operating a motor vehicle while under the influence of or while impaired by alcohol or controlled substances?

Yes  No

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgment pertaining to any felony?

Yes  No

If the answer to any of the previous three questions is yes, please provide the following.

Individual name/ location of court	Charge convicted of	Sentence	Date of sentencing	Last date of incarceration/ parole/ probation

Check here if additional information is provided on a separate sheet.

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application been denied an application for a retail or medical marijuana license by any jurisdiction?  Yes  No

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application had a retail or medical marijuana license suspended or revoked by any jurisdiction?  Yes  No

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application been denied an application for a liquor license by any jurisdiction?  Yes  No

If the answer to any of the previous three questions is yes, please provide a detailed written explanation. (Check if attached.)

By what means does the applicant have legal possession of the premises for at least 1 year from the date that this license will be issued?

Deed  Lease  Other (explain in detail):

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If premises are leased, the tenant name on the lease must match the name of the applicant business. List here the names of landlord and tenant, and date of expiration, EXACTLY as this information appears on the lease:

Landlord:	Tenant:	Expires:

If premises are leased, attach the Landlord’s Consent form, completed by the owner of the property and notarized. The consent must be specifically for the proposed medical business.

Check this box to indicate that the notarized Landlord’s Consent form is attached.

Are the premises in compliance with all zoning requirements of the Durango Medical Marijuana Ordinance?  Yes  No

Are the premises to be licensed located within 1000 feet of any school, addiction recovery facility, or residential child care facility, or within 250 feet of a dedicated public park that contains children’s playground equipment?  Yes  No

Additional documents to be submitted for **any** medical marijuana business applicant. Documents must follow the relevant requirements set forth in full detail in Ordinance No. O-2014-27, Article VIII, Division 2, Sec. 13-204, and elsewhere. Please check each box to indicate that the document is attached.

- Community Development LUP approval
- Lease or deed in the name of the applicant business
- Proof of Workers' Compensation insurance for any employee
- Proof of Comprehensive General Liability insurance with minimum single limits of one million dollars (\$1,000,000) each occurrence and two million dollars (\$2,000,000) aggregate, applicable to all premises and operations
- An operating plan for the proposed establishment, including:
  - A detailed description of products and services to be provided, including an indication of whether the establishment proposes to engage in the retail sale of edible marijuana products
  - A dimensioned floor plan on 8 1/2" x 11" paper
- Indication of the maximum amount of marijuana and/or marijuana-infused products that may be on the business premises
- Security plan indicating how the applicant will comply with applicable laws, rules, and regulations, per Sec. 13-204(h) and Sec. 13-211
- Lighting plan, showing the illumination of the outside of the establishment for security purposes and compliance with applicable city requirements
- Vicinity map, drawn to scale, indicating within a radius of 1/4 mile from the boundaries of the property upon which the establishment is located, the proximity of the property to any school, residential child care facility, addiction recovery facility, or dedicated public park containing children's playground equipment, and to any other facilities required by law
- Completed copy of the City of Durango Individual History Record form
- Plan for disposal of any medical marijuana or product that is not sold or is contaminated in a manner that protects any portion thereof from being possessed or ingested by any person or animal
- Plan for ventilation that describes the ventilation systems that will be used to prevent any odor of marijuana from extending beyond the premises of the business
- Description of all regulated toxic, flammable, or other materials that will be used, kept, or created at the establishment, and the location where such materials will be stored
- Copies of state badges for owner(s) and any business manager(s) reported to the state
- Certificate of Good Standing from Colorado Secretary of State (entity name must match applicant business name)
- A comprehensive list of vendors and suppliers providing product to the establishment
- If the owner is not a natural person, the application shall include copies of the organizational documents for all entities identified in the application, and the contact information for the person that is authorized to represent for the entity or entities.
- All relevant fees (total on page 1 of this application)

**Oath of Application**

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 Durango Code of Ordinances and all rules and regulations which govern my Medical Marijuana Business License Application. I understand that a Medical Marijuana Business shall not be operated until a license for such use, at the location designated in the application, has been issued by both the State of Colorado and the City of Durango. I understand that it is my continuing obligation to update any information on this application, including contact information, as necessary.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_