



Marijuana License Application Checklist

Applications must be complete. Please organize your application documents in the same order as the checklist below and place the checklist on top. Please do not use staples in any documents.

Required Documentation

_____ Date you filed or will file an application with the Colorado Marijuana Enforcement Division.¹

_____ Town of Paonia Marijuana License Application and all applicable fees

_____ A set of fingerprints for each Controlling Owner. Fingerprints may be scheduled and obtained via the Paonia Police Department. Fingerprints will be run for a criminal background check. Please contact the Police Department to schedule at 970-527-4822.

_____ Completed copy of State of Colorado Marijuana License Application Packet, including a Site Development Plan

_____ Odor mitigation plan

_____ Business plan

_____ Sign design specifications, including drawings or photos, including size, height and location

_____ Proof of Ownership of the proposed location in the name of the business, or a lease in the business name showing possession of one year (deed, lease, rental agreement or other appropriate documentation)

_____ Floor plan of the facility, to scale, no larger than 8 ½ x 11-inch paper, identifying walls, fixtures, countertops and entrances

_____ Copy of State of Colorado Sales Tax License

_____ Articles of Organization and Operating Agreement (if LLC)

¹ Any Town licensed store must open within sixty days of issuance of license.

_____ Articles of Incorporation and Bylaws (if corporation)

_____ Certificate of Good Standing from jurisdiction where Entity was formed (must be a U.S. or country that authorizes the sale of marijuana)

_____ Documentation evidencing authority for applicant to apply on behalf of owners with more than twenty-five percent (25%) ownership in license

_____ Certification that Applicant and all individual Controlling Owners are not prohibited from becoming a licensee due to violating provisions of C.R.S. 44-10-307



Marijuana License Application

Business Information

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

Applicant is: Agent Owner

Legal Business/Licensee Name: _____

Trade Name (DBA): _____

Business is applying for (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Retail Marijuana Store | <input type="checkbox"/> Medical Marijuana Store | <input type="checkbox"/> Both |
| <input type="checkbox"/> Delivery – Medical | <input type="checkbox"/> Delivery – Retail | <input type="checkbox"/> Change in Location |
| <input type="checkbox"/> Change in Entity Structure | <input type="checkbox"/> License Renewal | <input type="checkbox"/> Transfer of Ownership |
| <input type="checkbox"/> Major Modification of Premises | | |

Business is a:

- Corporation Individual Partnership LLC Association Other

Physical Address of Proposed Location: _____

Mailing Address: _____

Business Phone Number: _____ Business Website: _____

Will you provide online ordering and pick up? ____ Yes ____ No

Individual Information

****Each Controlling Owner with at least 25% financial interest in the business whose name the license is in, including sub entity owners, must complete this portion of the application and include a copy of valid identification. ****

Full Name: _____

Title & Role in the Business: _____

Cell/Home Phone Number: _____ Work Phone Number: _____

Email Address: _____

Full Physical Address where you reside: _____

Dates you have lived at this address: From _____ To _____

Full Mailing Address, if different: _____

List complete physical addresses for past 5 years of residency and dates you resided there:

Social Security Number: _____ Date of Birth: _____

Have you or any domestic or foreign entity that you had any ownership interest in ever owned or applied for a marijuana license in any jurisdiction? ___ Yes ___ No

If yes to the above question, have you ever been subject to any of the following actions: Denial, Surrender, Order to Show Cause, Suspension, Revocation, Settlement or Stipulation? If yes to any action, provide details on a separate sheet, including the jurisdiction, type of action, and date of action.

Have you, or has any domestic or foreign entity that you had any ownership interest in, ever been found to have violated state or local marijuana regulations, or been subject to paid late fees or fines. ___ Yes ___ No

If yes to the above question, provide details on a separate sheet, including the jurisdiction, type of action, and date of action.

In the past three years have you, or has any domestic or foreign entity that you had any ownership interest in, been delinquent in the remittance of any local or state sales taxes?

Yes No

If yes to the above question, provide details on a separate sheet, including the jurisdiction and the remediation of the issue.



Applicant Certification

Applicant / Owner certifies and affirms that (initial all):

_____ I have read Article 4 (ordinance 2021-01) of the Paonia Municipal Code regarding medical and retail marijuana regulations.

_____ I am at least 21 years old

_____ I understand that the Town of Paonia makes no promises in connection with this application and all application fees are nonrefundable.

_____ I understand that federal laws concerning possession and distribution of controlled substances apply and the Town accepts no legal liability for approval and licensing of marijuana stores.

_____ I understand that other than personal identifying information, this application and its accompanying documents are subject to Colorado Open Records Act.

_____ I understand that no major changes to the license or the licensed premises may occur without a modification to the license, including a change of ownership structure.

_____ **I am granted full authority to act concerning this application filed for legal business/licensee on behalf of all controlling owners, including the submittal of this application under written authority, a copy of which has been provided.**

_____ **I declare under penalty of perjury that all of the information contained in this application and all attachments are true, correct and complete to the best of my knowledge, information and belief.**

_____ **I agree to indemnify and hold the Town harmless from any and all damages in connection with this application, including all damages in connection with this application, including paying for all Town Attorney fees and costs incurred as a result of any damage claim made against the Town.**

Signature _____

Date: _____

Printed Name _____