



## 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.<sup>1</sup>

\_\_\_\_\_ Town of Paonia Marijuana License Application and all applicable fees

\_\_\_\_\_ A set of fingerprints for each Controlling Owner. Fingerprints may be obtained only via Identogo. Fingerprints will be run for a criminal background check. Visit [www.uenroll.identogo.com](http://www.uenroll.identogo.com) to schedule your appointment. Use Account Number CONCJ4661.

\_\_\_\_\_ 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)

<sup>1</sup> 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

**Local Licensing Authority: Town of Paonia**

**Licensing Jurisdiction: Paonia**

**Local Contact: Corinne Ferguson, Town Administrator/Clerk**

**Address:**

**214 Grand Avenue/Po Box 460**

**Paonia, CO 81428**



**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 \_\_\_\_\_