



Received:

**MEDICAL MARIJUANA (MMJ) BUSINESS LICENSE RENEWAL APPLICATION**

(C.R.S. §44-11-311 and City of Colorado Springs Rule 2.1.09)

The **licensee** is responsible for ensuring that all filings are timely. **ALL** changes, modifications, and renewal applications are to be filed with the City Clerk's Office on forms provided by the City. Approximately 75 days prior to the expiration of the Medical Marijuana License(s), a renewal form will be mailed to you, the licensee, from the City of Colorado Springs to the mailing address on file. If a renewal form is not received from the City by 60 days prior to the expiration date, contact the City Clerk's Office for a copy of the mailed pre-populated renewal application, or download a blank application from the City Clerk's webpage: [www.coloradosprings.gov/mmj](http://www.coloradosprings.gov/mmj).

**This application for renewal must be returned to the City Clerk's Office at least 45 days prior to the expiration date of the current license(s) with applicable annual City MMJ license fees (see fee schedule). Include all completed pages of this renewal, required attachments, and payment for total fees due, payable by check or money orders only to the CITY OF COLORADO SPRINGS. Separate application must be submitted for renewal of licenses held with the Colorado Department of Revenue directly to the Marijuana Enforcement Division.**

***Late renewal filings after 45 days prior to the expiration date are subject to the \$500 late fee per license, and may also result in administrative sanctions, fines, criminal charges and/or the license(s) not being renewed.***

**SECTION A: LICENSEE INFORMATION**

1. Name of Licensee (list Corporation/LLC/Partnership/Association/Sole Proprietor):

2. Trade Name (DBA):

3. MAILING Address:	City:	State:	ZIP:
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4. City Sales Tax Number:	Business Phone:	Alternate Phone:
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5. Colorado SOS Entity ID:	FEIN:
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6. Email:	Website:
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7. Primary Contact Name:	Title:
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8. - Since the last annual application, have there been any changes in financial interest, company ownership or officer structure, additional loans or funding, or changes in any registered manager(s) that have not been reported?  
 Yes  No If yes, contact the City Clerk's Office immediately and file application for changes.

9. - Since the last annual application, has the applicant made any modifications to any listed MMJ facility or processes that have not been reported?  
 Yes  No If yes, contact the City Clerk's Office immediately and file application for changes.

10. - Since the last annual application, has the applicant received a violation notice, suspension, or revocation of any privileged license (i.e., Liquor, Gaming, Racing and Medical Marijuana) law violation, have charges pending, or has the applicant applied for or been denied a privileged license anywhere in the United States?  
 Yes  No If yes, attach explanation, including date(s), location(s), and status or resolution.

11. - Is the applicant, any partners, any officers, any stockholders, directors, or managers of said applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere, including City Sales Tax?  
 Yes  No If yes, attach detailed explanation and any documents to prove settlement or resolution.

12. - Since the last annual application, has the applicant, any partners, any officers, any stockholders, directors, or managers of said applicant been convicted of any crime, or convicted of any privileged license (i.e., Liquor, Gaming, Racing and Medical Marijuana) violation(s)?  
 Yes  No If yes, attach explanation, including date(s) and location(s).

13. - Is the applicant, ANY owner, partner, officer, stockholder, director, or manager of said applicant also acting as a caregiver pursuant to the Colorado Department of Public Health and Environment (CDPHE) regulations?  
 Yes  No If yes, attach a Caregiver Affidavit for EACH registered caregiver (available as a part of the City Medical Marijuana Business License application packet at [www.coloradosprings.gov/mmj](http://www.coloradosprings.gov/mmj)).

14. - Does the licensee have legal possession of each of the premises for which the renewal application for license is made?  
 Yes  No Owned or Rented: \_\_\_\_\_ If rented, list all premises lease expiration dates (min 1 year) by location:

15. - Since the last annual application, have there been any changes to the legal possession of the premises by virtue of ownership, lease renewal, amendment or other arrangement?  
 Yes  No If yes, attach all NEW or UPDATED documentation showing current legal possession for each listed licensed location.

16. For Medical Marijuana Optional Premises Cultivation Facilities, do you perform cold water (H<sub>2</sub>O) extractions?  
 Yes  No

17. For Medical Marijuana Infused Product Manufacturing Facilities, check one:  
 **Hazardous (MIP-HZ):** Any MIP location that presents fire and life safety risks by utilizing oil extraction processes through the use of pressurized flammable gas, flammable or combustible liquids, and other processes. Examples of MIP-HZ classifications may include but are not limited to the use of Butane, Propane, Acetone, Naptha, Alcohol, etc., during the manufacturing process.  
 **Non-Hazardous (MIP-NH):** Any MIP location that does not exceed reasonable fire and life safety risks, or does not otherwise meet the definition of a MIP-HZ. Examples of MIP-NH classifications may include but are not limited to the use of super/subcritical CO<sub>2</sub> extraction processes, cooking or baking facilities.

18. For Medical Marijuana Infused Product Manufacturing Facilities, what type of extractions do you perform?  
 Butane (C<sub>4</sub>H<sub>10</sub>)  Propane (C<sub>3</sub>H<sub>8</sub>)  Carbon Dioxide (CO<sub>2</sub>)  Ethanol (C<sub>2</sub>H<sub>6</sub>O)  Heptane (C<sub>7</sub>H<sub>16</sub>)  
 Isopropanol (C<sub>3</sub>H<sub>8</sub>O)  Acetone (C<sub>3</sub>H<sub>6</sub>O)  Other: \_\_\_\_\_  None

**SECTION B: LICENSED LOCATION INFORMATION**  
 List only City MMJ licenses and locations owned by Licensee being requested to be renewed at this time

City License #	Associated State #	License Type	License Location	Expires	City License Fee

**DUE DATE:** \_\_\_\_\_ (45 days prior to expiration date) **TOTAL DUE** \_\_\_\_\_

**(NOTICE: renewal filings after this date are subject to the \$500 late fee per license)**

Total current VALID PATIENT count: \_\_\_\_\_  Total Recommended Plant count: \_\_\_\_\_  
 (Attach supplemental listing/chart as needed for all listed licensed locations)  Total current ACTUAL PLANT count: \_\_\_\_\_

**See list of required attachments to CITY MMJ renewal application on page 4**

All Medical Marijuana Business License and Application Fees are payable to the City of Colorado Springs in check or money orders only. Remit this Renewal Application, required attachments, and payment to the City Clerk's Office at the address below (by mail or in person), no later than 45 days prior to expiration date.

## SECTION C: MMJ RENEWAL APPLICATION AFFIRMATION OF LICENSEE

I, \_\_\_\_\_ (printed name), as the licensee or as an authorized agent, owner, officer, or manager for the licensee, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical Marijuana business license by the City of Colorado Springs (initial here) \_\_\_\_\_;
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of a Medical Marijuana business license application or revocation of the license, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant (initial here) \_\_\_\_\_;
3. I consent to any background investigation necessary to determine my present and continuing suitability pursuant to State and City Medical Marijuana Code and Rules and Regulations which may include, but is not limited to, CBI and FBI investigations, and that this consent continues as long as I hold a Medical Marijuana business license (initial here) \_\_\_\_\_;
4. I understand that the Medical Marijuana business must maintain legal possession of the licensed premises at all times (initial here) \_\_\_\_\_;
5. I remit sales taxes in a timely manner on permitted retail sales of the business as required pursuant to Article 26 of Title 39, C.R.S. and City Code § 2.7.101 *et seq.* (initial here) \_\_\_\_\_;
6. I understand that I must apply with the City Clerk for any proposed changes to the information provided in this application as required pursuant to State and City Medical Marijuana Code and Rules and Regulations (initial here) \_\_\_\_\_;
7. I understand that the Medical Marijuana business must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes (initial here) \_\_\_\_\_;
8. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity (initial here) \_\_\_\_\_;
9. I understand that by providing an email address above, I agree that the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by email to the email address provided (initial here) \_\_\_\_\_;
10. I understand and acknowledge that the City Clerk's Office may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application (initial here) \_\_\_\_\_;
11. I hereby state that I have read Article 11 of Title 44, C.R.S., as amended, and the regulations promulgated thereunder, and the Code and Local Rules of Procedure of the City of Colorado Springs regarding general business licensing and Medical Marijuana business licensing and understand the contents thereof.
12. I understand that any Medical Marijuana business license issued is conditional, and must be annually renewed no less than forty five (45) days prior to the expiration date, unless earlier revoked or surrendered (initial here) \_\_\_\_\_; and
13. I understand that this renewal application is for the licenses issued and held with the City of Colorado Springs, and I will make separate, timely application for renewal with the Medical Marijuana Enforcement Division for licenses issued and held with the Colorado Department of Revenue (initial here) \_\_\_\_\_.

I have read all of the above information and understand my responsibilities as a Medical Marijuana applicant, licensee, or manager. I further understand that failure to comply with any law, regulations, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.

\_\_\_\_\_  
Authorized Licensee Agent Signature

\_\_\_\_\_  
Title (owner/member/officer/director)

\_\_\_\_\_  
Date

## **Required Attachments to CITY MMJ Renewal Application:**

- Any required attachments or statements from listed questions as applicable (violations, delinquencies, lease, patient and plant count for multiple locations, etc.).
- Copy of current Certificate of Good Standing from Colorado Secretary of State.
- Copy of current Employee List (with MED badge numbers) for each licensed location, specifying the authorized Registered Manager(s) for each location. MMC locations must have separate and distinct Managers registered with the City, and any person that meets the definition of "Managing Agent" in City Code 2.1.304 (posted online at [www.coloradosprings.gov/mmj](http://www.coloradosprings.gov/mmj)) is required to be registered as a manager, with a background check performed by the City.
- Copy of most recent/current Colorado Springs Fire Department (CSFD) annual inspection report (including verification of CSFD hazardous or non-hazardous designation as applicable), along with proof of CSFD invoice payment.
- Copy of current detailed statement/outline/description of MMJ infused processes, including hazardous or non-hazardous extractions performed, or attach SOP general overview (as applicable).
- Copy of current City and State Sales Tax or Wholesale/Resale license(s) for each listed location as applicable.
- Copy of current associated MED license(s) for each listed City MMJ license.
- Copy of current license(s) with any other Colorado LOCAL jurisdiction associated with this application, only as applicable (i.e., an OPC in another city that feeds an MMC in Colorado Springs, an MMC in another Colorado city that is fed by an OPC in Colorado Springs, etc.).

## **Important Payment Information:**

All Medical Marijuana Business License and application fees are payable to the City of Colorado Springs by check or money orders only (no cash). Checks will only be accepted in the name(s) of the individual(s) or business entity, which has an ownership interest in the licensee. No third party checks will be accepted. Checks returned for insufficient funds will be treated as an incomplete application, and may incur late fees. Remit this Renewal Application, required attachments, and total payment due (see Fee Schedule) to the City Clerk's Office at the address below (by mail or in person), no later than 45 days prior to expiration date.

### **Office of the City Clerk**

**30 South Nevada Avenue, Suite 101, Colorado Springs, CO 80903**

**NOTE:** City MMJ license(s) cannot be renewed without required proof of MED renewal application and copies of continuation letters for each associated MED license.

## **Reminder of Required Postings:**

All required licenses must remain in full force and effect at all times, and are required to be posted at each Medical Marijuana licensed premises, and for MMCs in a manner that is visible and conspicuous to the public.

• Valid State MMJ License(s)	• Valid City MMJ License(s)
• Valid State Sales Tax License (MMC & MIP Only)	• Valid City Sales Tax License (MMC & MIP Only)
• Other required licenses/permits as applicable (Certificate of Occupancy, Hazardous Materials, Scale Certs)	
• Other required signage/postings as applicable (Restricted/Limited/DVR Access)	

**DO NOT WRITE BELOW THIS LINE - FOR CITY CLERK OFFICE USE ONLY**

### **REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY**

The Foregoing application has been examined and the premises, business conducted, and character of the applicant are satisfactory, and we do report that such license, if granted, will comply with the applicable provisions of Title 44, Article 11, C.R.S., as amended. **THEREFORE THIS APPLICATION IS APPROVED**

<b>For The City of Colorado Springs</b>	<b>Date filed with Local Authority:</b>	
<b>Signature</b>	<b>Title</b>	<b>Date</b>