



Received:

MEDICAL MARIJUANA (MMJ) BUSINESS LICENSE PERMIT APPLICATION AND REPORT OF CHANGES

THIS APPLICATION MUST BE FULLY COMPLETE, WITH ALL REQUIRED ATTACHMENTS, and must be accompanied by the required application fee, payable to the City of Colorado Springs, in certified funds or money order only (see fee schedule).

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:
4. Business Phone: Alternate Phone: Email:
5. Primary Contact Name: Title:

SECTION B: APPLICATION TYPE (Check one)

Manager Registration - See Section C
Change of Trade or Corporate Name - See Section E
Modification of Premises Permit- See Section D
Duplicate License - See Section F

SECTION C: MANAGER REGISTRATION Licensees must report change of manager prior to the change.

CURRENT PREMISES / BUSINESS LOCATION INFORMATION

Type (Check all that apply):
Center Optional Premises Cultivation Infused Products Manufacturing Testing Facility
6. Location Address & Zip Code:
7. Location Phone: Alternate Phone:
8. Current State License #: Current City License #:
9. Former Manager Name:
10. NEW Manager Name: Employment Date:
11. Business Phone: Alternate Phone:
12. Financial Interest in License? Yes No Ever Managed MMJ Establishment? Yes No
13. If yes, Name and Location:

Attach the following:
Completed pages 5 and 6 of the City Medical Marijuana Business Application (Consent and Applicant Interview).
Copy of completed MED Key License Application form (either DR8517 or DR8520, as applicable), including copy of a government issued photo ID and lawful presence affidavit.
NOTE: The City Clerk's Office must authorize the required fingerprinting at the time of application submission with instructions for processing at the Colorado Springs Police Department (Police Operations Center only).
Proceed to Section G - Oath of Licensee and Signature.

SECTION D: MODIFICATION OF PREMISES PERMIT APPLICATION

Licensees may not modify or add to their licensed premises until approved by both Local and State authorities.

CURRENT PREMISES / BUSINESS LOCATION INFORMATION

Type (Check all that apply):

-
- Center
-
- Optional Premises Cultivation
-
- Infused Products Manufacturing
-
- Testing Facility

14. Location Address & Zip Code:

15. Property Tax Schedule No. :

Zoning:

16. Registered Manager/Contact Name:

17. Location Phone:

Alternate Phone:

18. Current State License #(s):

Current City License #(s):

19. Describe the proposed change(s):

Attach the following:

- Any lease that is revised due to the modification or expansion, valid for at least the current licensing period (one year), including authorization of Medical Marijuana use.
- Detailed diagram of existing authorized premises (before) and diagram of proposed changes to the licensed premises (after) - see Rule 2.1.02(A)(10).
- Detailed statement/outline/description of requested MMJ infused processes, including hazardous or non-hazardous extractions intended/performed, or attach SOP general overview, as applicable.
- Copy MED form DR8545 to be filed with State with separate MED application for each individual license being modified. NOTE: MED requires proof of Local Authority approval with the submission of MED Modification of Premises application(s).

Proceed to Section G - Oath of Licensee and Signature.**SECTION E: CHANGE OF TRADE NAME OR CORPORATION NAME**

Licensees must report change of Trade Name at least 10 days prior to change.

20. Change of Trade Name / DBA Only

Previous Trade Name:

New Trade Name:

21. Corporate Name Change (NOTE: If entity FEIN changed, use Change of Ownership Structure Application or Transfer of Ownership Application)

Previous Corporate Name:

New Corporate Name:

Attach the following:

- Copy of Amendment or Statement of Change filed with the Colorado Secretary of State.
- Certificate of Good Standing from the Colorado Secretary of State.
- Statement of Trade Name from the Colorado Secretary of State.
- Minutes of Corporate meeting, LLC Members meeting, Partnership agreement as applicable.
- Copy MED form DR8545 to be filed with State.

Proceed to Section G - Oath of Licensee and Signature.

SECTION F: DUPLICATE CITY MEDICAL MARIJUANA BUSINESS LICENSE

CURRENT PREMISES / BUSINESS LOCATION INFORMATION

Type (Check all that apply):
 Center Optional Premises Cultivation Infused Products Manufacturing Testing Facility

22. Licensed Premises Address & Zip Code:

23. Current State License #:	Current City License #:
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24. Current State License #:	Current City License #:
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25. Current State License #:	Current City License #:
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26. Current State License #:	Current City License #:
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Proceed to Section G - Oath of Licensee and Signature.

SECTION G: OATH OF LICENSEE and SIGNATURE

I, _____ (printed name), as the applicant or as an authorized agent, owner, officer, or manager for the applicant, 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 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) _____;
4. 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) _____;
5. 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.

_____ Licensee Signature (owner/managing member/officer/director only)	_____ Title	_____ Date
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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 is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Article 11, C.R.S., as amended. **THEREFORE THIS APPLICATION IS APPROVED.**

For The City of Colorado Springs	Date filed with Local Authority:	
Signature	Title	Date