

**TOWN OF DE BEQUE, CO**

**RETAIL MARIJUANA ESTABLISHMENT**

**LICENSE APPLICATION**

*(It shall be unlawful for any person to operate a Retail Marijuana Establishment without a State License and without a License issued under the provisions of this Chapter. A separate License is required for each Retail Marijuana Establishment and each Licensed Premises. De Beque Municipal Code § 5.22.040)*

**Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This application is for: □ New License □ Renewal of Existing License

□ Transfer/Change of Ownership □ Change of Location

If this application is for a change of ownership or location, describe the proposed changes (attach additional sheets if necessary):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This application is for the following Premises Location License Type (please check only one [1] license type; applicants must file a separate Retail Marijuana Establishment License Application for each license type):

□ Retail Marijuana Store

□ Retail Marijuana Products Manufacturing Facility

□ Retail Marijuana Cultivation Facility

□ Retail Marijuana Cultivation Facility-Limited

□ Retail Marijuana Testing Facility

\*Applicant\* shall mean an applicant for a license and shall include all members, shareholders, officers, directors, partners and managers in the case of a corporate entity or partnership

Applicant is applying as (attach relevant organizational documents):

□ Corporation

□ Sole Proprietor

□ Partnership

□ Limited Liability Company

□ Association or Other

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade Name of Establishment (doing business as):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Contact Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Contact E-Mail (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Premises Location:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

Business Mailing Address (if different from Premise location):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Will the Applicant have legal possession of the premises for at least one (1) year from the date that this license will be issued by virtue of ownership, lease or other arrangement?

□ Yes

□ No

If leased, list names of landlord and tenant, and date of termination of the lease, EXACTLY as they appear on the lease:

Landlord:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Owner’s Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Numbers

Is this proposed premises to be licensed within 400 feet of any existing public or private school facility where classes are held for children aged kindergarten through 12th grade? This distance shall be computed by a straight line measurement from the nearest property line of the school property to the nearest property line of the premises housing the retail marijuana establishment.

□ Yes

□ No

BY ITS SIGNATURE BELOW APPLICANT ATTESTS AND AFFIRMS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT, AND VALID. APPLICANTS HAVE AN AFFIRMATIVE ONGOING DUTY TO UPDATE THE INFORMATION CONTAINED HEREIN.

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Applicant Signature Date

**To complete this application, please attach the following documents:**

1. A complete copy of the State License application.

2. Proof of ownership, lease, rental agreement, or other arrangement for possession of the proposed Licensed Premises

3. A diagram showing the configuration of the proposed Licensed Premises, including a statement of total floor space occupied by the business, and designating the use of each room or other area of the premises. The diagram shall designate those rooms or other areas of the premises where patrons are not permitted. The diagram shall designate the place at which the License will be conspicuously posted as required by this Chapter.

4. Sign, security, odor and lighting plans indicating how the Applicant will comply with the requirements of the Colorado Retail Marijuana Code, this Chapter and applicable provisions of the Municipal Code.

5. An area map, drawn to scale, indicating the boundaries of the property upon which the Retail Marijuana Establishment is located, and indicating the proximity, measured per the standards as set forth below, of the proposed License Premises to any kindergarten through 12th grade public or private school and indicating the proximity to any other licensed Retail Marijuana Establishment. The diagram need not be professionally prepared but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches ( +/- 6"). A diagram using the Mesa County GIS Mapping System is acceptable.

**FOR TOWN INTERNAL USE ONLY**

Application checklist

* Completed Town Application form
* A complete copy of the State License application.
* Proof of ownership, lease, rental agreement, or other arrangement for possession of the proposed Licensed Premises
* A diagram showing the configuration of the proposed Licensed Premises, including a statement of total floor space occupied by the business, and designating the use of each room or other area of the premises. The diagram shall designate those rooms or other areas of the premises where patrons are not permitted.
* Sign, security, odor and lighting plans indicating how the Applicant will comply with the requirements of the Code, this Chapter and applicable provisions of the Municipal Code.
* An area map, drawn to scale, indicating the boundaries of the property upon which the Retail Marijuana Establishment is located, and indicating the proximity, measured per the standards as set forth below, of the proposed License Premises to any kindergarten through 12th grade public or private school and indicating the proximity to any other licensed Retail Marijuana Establishment. The diagram need not be professionally prepared but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches ( +/- 6"). The diagram shall designate the place at which the License will be conspicuously posted as required by this Chapter. A diagram using the Mesa County GIS Mapping system is acceptable.
* Payment of all required fees as set forth on the Town’s Retail Marijuana Establishment fee schedule.
* Signed agreement to reimburse consultant fees on a form provided by the Town.

**AGREEMENT TO PAY CONSULTING FEES AND EXPENSES:**

The Town employs outside consultants for engineering, surveying, planning and legal services. These consultants bill the Town on an hourly basis for these services, and also charge for expenses such as copies, facsimile transmissions, phone calls, mileage and postage.

Pursuant to the De Beque Municipal Code, applicants for Retail Marijuana Establishment Licenses are required to reimburse the Town for consulting fees and expenses incurred during the processing of the application(s) and to enter into this Agreement acknowledging responsibility for these fees and expenses.

**BY SIGNING BELOW I, the Applicant, acknowledge and agree to pay the Town of De Beque all actual costs incurred by the Town related to engineering, surveying, planning and legal services performed by the Town’s consultants as a result of the review and processing of my land use and license application(s) and/or other application(s) proposed by me or on my behalf. The Town will invoice me monthly at the address below. Interest shall be paid at the rate of 5% per month on all balances not paid within thirty (30) days of the date of invoice. Failure to pay timely may result in the suspension of any application until the balance is paid in full, and a refusal on the part of the Town to process any other applications until the balance is paid in full. In the event that the Town is forced to pursue collection actions for any amounts due and unpaid, the Town shall be entitled to collect all costs of collection in addition to the amount due, including but not limited to reasonable attorney’s fees and costs.**

SO AGREED THIS \_\_\_\_\_\_ OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_.

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APPLICANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

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PHONE NUMBER