



Town of Palisade Medical Marijuana License Renewal Application

Town Clerk's Office
Town of Palisade
175 E 3rd Street/PO Box 128
Palisade, CO 81526
970-464-5602

This application contains terms that may be defined in the Town of Palisade Municipal Code Chapter 6, Article 4 or the Colorado Medical Marijuana Code, codified at CRS § 44-12-101 et seq. Please complete all applicable sections in ink, attaching additional pages for required explanations, and return the completed application with attachments as noted herein.

I. LICENSE TYPE

<input type="checkbox"/> Medical Marijuana Store	<input type="checkbox"/> Medical Marijuana Products Manufacturing Facility
<input type="checkbox"/> Medical Marijuana Cultivation Facility*	<input type="checkbox"/> Medical Marijuana Testing Facility

*If renewing a Medical Marijuana Cultivation license, is the license tied to a licensed Medical Marijuana store? If so, please list the name of the business:	Yes	No
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Applying as a: Corporation Individual Partnership Limited Liability Company Unincorporated Association
 Other Describe Other: _____

II. BUSINESS PREMISES INFORMATION

Legal Business Name	Trade Name/D.B.A.		
Physical Address	Bus Phone	Business Email	
Mailing Address	City	State	Zip
Property Owner Name (if different from Applicant)	Prop. Owner Phone	Business FEIN	Business State Sales Tax #
Property Owner Mailing Address	City	State	Zip
Building Owner Name (if different from Applicant)	Building Owner Phone		
Building Owner Mailing Address	City	State	Zip
Primary Contact Person for Business	Primary Contact Phone	Primary Contact Email Address	

If the Applicant is not the owner of the land or building where the marijuana establishment is to be located, the Applicant shall submit a lease and a notarized "Property Owner Consent" form grant consent from the property and/or building owner for the Town to initiate the review process.

III. APPLICANT INFORMATION

Applicant Full Legal Name	Home Phone	Cell Phone	Email
Applicant Physical Address	City	State	Zip

III. APPLICANT INFORMATION (continued)

Applicant Mailing Address (if different from physical address)	City	State	Zip
Co-Applicant Full Legal Name	Home Phone	Cell Phone	Email
Co-Applicant Physical Address	City	State	Zip
Co-Applicant Mailing Address (if different from physical address)	City	State	Zip

*If the proposed owner is a corporation, then the application shall include the name and address of all officers and directors of the corporation, and of any person holding any financial interest in the corporation, whether as a result of the issuance of stock, instruments of indebtedness, or otherwise, including disclosure information pertaining to bank, savings and loan associations or other commercial lender which has loaned funds to the Applicant.

*If the proposed owner is a partnership, association or limited liability company, the application shall include the name and address of all partners, members, managers or persons holding any financial interest in the partnership, association or limited liability company, including those holding an interest as the result of instruments of indebtedness or otherwise including disclosure of information pertaining to a bank, savings and loan association, or other commercial lender which has loaned funds to the Applicant.

*If the owner is not a natural person, the application shall include copies of the organizational documents for all entities identified in the application and the contact information for the person that is authorized to represent the entity or entities.

If the provided space is insufficient, continue on a separate sheet of paper and precede each answer with the appropriate title.

V. OTHER LICENSES

What Marijuana License(s) does the Applicant or any member of the LLC, Corporation, Partnership/Association currently hold with the State of Colorado?

Business Name	Physical Address	City, State, Zip	License Type and Number
Business Name	Physical Address	City, State, Zip	License Type and Number
Business Name	Physical Address	City, State, Zip	License Type and Number
Business Name	Physical Address	City, State, Zip	License Type and Number

What Marijuana License(s) does the Applicant or any member of the LLC, Corporation, Partnership/Association currently hold with the Town of Palisade?

Business Name	Physical Address	City, State, Zip	License Type
Business Name	Physical Address	City, State, Zip	License Type
Business Name	Physical Address	City, State, Zip	License Type

VII. OWNERSHIP DETAIL

Provide information for ALL Owners, Officers, Directors, Partners, Managing Members, Business Managers, Financiers, Primary Caregivers, and ANY Other Individuals or Entities owning any percentage of the Applicant or Entity Applying for the License - **Percentage MUST total 100%**. If necessary, provide additional information on a separate sheet.

Name	Physical Address, mailing address, City, State Zip	Position	% Owned

Have any of the named owners, members, business managers, parties with a financial interest, or persons named on the application been:

<input type="checkbox"/> YES <input type="checkbox"/> NO Denied an application for a medical marijuana business license or a retail marijuana establishment license pursuant to any state or local licensing law, rule, or regulation, or had such license suspended or revoked.	<input type="checkbox"/> YES <input type="checkbox"/> NO Denied an application for a liquor license pursuant to Article 46 or 47 of Title 12, CRS, or by any similar state or local licensing law, rule, regulation, or had such license suspended or revoked.
<input type="checkbox"/> YES <input type="checkbox"/> NO Convicted, entered a plea nolo contendere, or entered a plea of guilty in conjunction with a deferred judgment and sentence pertaining to any charge related to possession, use, or possession with intent to distribute narcotics, drugs, or controlled substances.	<input type="checkbox"/> YES <input type="checkbox"/> NO Convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred judgment and sentence pertaining to any charge related to driving or operating a motor vehicle while under the influence or while impaired by alcohol or controlled substances.
<input type="checkbox"/> YES <input type="checkbox"/> NO Convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred judgment and sentence pertaining to any felony.	<input type="checkbox"/> YES <input type="checkbox"/> NO Convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred judgment and sentence pertaining to a serious traffic offense which means any driving offense carrying eight (8) points or greater under Section 42-2-127, CRS or the substantial equivalent of such events in any other state.

Please include a statement for any YES answers

XI. OATH OF APPLICANT

I, _____ AS AN OWNER FOR THE APPLICANT BUSINESS, STATE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, ATTEST 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 ALSO ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY AND THE RESPONSIBILITY OF MY AGENTS AND EMPLOYEES TO COMPLY WITH THE PROVISIONS OF THE COLORADO MARIJUANA CODE THAT WILL AFFECT MY LICENSE.

Signature: _____ Date: _____

STATE OF COLORADO)
) ss.
COUNTY OF MESA)

Subscribed, sworn to, and acknowledged before me this _____ day of _____, 20____ by: _____

_____ On behalf of _____.

WITNESS my hand and official seal.

My commission expires: _____

Notary Public Signature

SEAL

(This page to be completed by Town Staff)

XIV. TOWN OF PALISADE DEPARTMENTAL APPROVALS

Each Department Must Review, Approve, Sign, Check-Off, and Date for Application Approval to be forwarded to Town Board for approval.

TOWN CLERK'S DEPARTMENT

• Includes payment of application and licensing fees; submission of complete application forms and any other forms as required.

Date approved: _____ By: _____

Signature: _____

COMMUNITY DEVELOPMENT DEPARTMENT

• Compliance with Land Use Requirements as defined in the Palisade Land Development Code.

Date approved: _____ By: _____

Signature: _____

FINANCE DEPARTMENT

• Compliance with sales tax collection and remittance Code requirements

Date approved: _____ By: _____

Signature: _____

POLICE DEPARTMENT

• Successful completion of local background checks and investigations.
• Successful completion of facility inspection or inspection is scheduled for post-approval

Date approved: _____ By: _____

Signature: _____

UTILITIES DEPARTMENT

• Compliance with Town Utilities Codes

Date approved: _____ By: _____

Signature: _____

FIRE DEPARTMENT

• Successful completion of facility inspection or inspection is scheduled for post-approval

Date approved: _____ By: _____

Signature: _____