



Town of Palisade Retail Marijuana New License 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 5 or the Colorado Retail 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.

NOTE: An Individual History for the Applicant or primary contact, corporate officers and directors, corporate stockholders owning 5% or more of the corporation's stock, general partners, limited partners who have 5% or more interest in the partnership, and persons managing the licensee's finances must accompany the application.

A public hearing will be scheduled before the Palisade Board of Trustees (as the Local Licensing Authority) no LESS than thirty (30) after a COMPLETE application has been received by the Town Clerk's Office.

I. LICENSE TYPE			
<input type="checkbox"/> Retail Marijuana Store	<input type="checkbox"/> Retail Marijuana Products Manufacturing Facility		
<input type="checkbox"/> Retail Marijuana Cultivation Facility*	<input type="checkbox"/> Retail Marijuana Testing Facility		
*If applying for a Retail Marijuana Cultivation license, will the license be tied to a licensed Retail Marijuana store? If so, please list the name of the business:	Yes	No	
Applying as a: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> 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
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 Name	SSN	Date of Birth	
Applicant Full Legal Name	Home Phone	Cell Phone	Email

III. APPLICANT INFORMATION (continued)

Applicant Physical Address	City	State	Zip
Applicant Mailing Address (if different from physical address)	City	State	Zip
Co-Applicant Name	SSN	Date of Birth	
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.

IV. EMPLOYEE INFORMATION

Please list all employees and/or proposed employees of the business (including owners, members, business managers, parties with a financial interest or persons named on the application)

1 Name	Date of Birth	Position	Percentage of Ownership (if applicable)
Home Address	City	State	Zip
2 Name	Date of Birth	Position	Percentage of Ownership (if applicable)
Home Address	City	State	Zip
3 Name	Date of Birth	Position	Percentage of Ownership (if applicable)
Home Address	City	State	Zip
4 Name	Date of Birth	Position	Percentage of Ownership (if applicable)
Home Address	City	State	Zip

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

Please include a statement indicating whether any of the named owners, members, business managers, parties with a financial interest, or persons named on the application have been:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

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?

- Retail Marijuana Store
License Number _____
- Retail Marijuana Products Manufacturing Facility
License Number _____
- Retail Marijuana Cultivation Facility
License Number _____
- Retail Marijuana Testing Facility
License Number _____
- Medical Marijuana Center
License Number _____
- Other: _____
License Number _____
- None

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

- Type: _____
License Number _____
- Type: _____
License Number _____
- None
- Type: _____
License Number _____

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

XI. OATH OF APPLICANT

I, _____ 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

XIII. MARIJUANA ESTABLISHMENT LICENSE – PROPERTY OWNER CONSENT

Palisade Town Clerks Department
175 East Third Street Palisade, CO 81526
(970) 464-5602 kfrasier@townofpalisade.org

BUSINESS NAME: _____

APPLICANT NAME: _____

STREET ADDRESS OF PROPOSED LICENSED PREMISES: _____

PARCEL NUMBER: _____

**OWNER'S CONSENT TO SUBMISSION OF APPLICATION
FOR MARIJUANA ESTABLISHMENT ON OWNED PREMISES**

As the owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a
(check all that apply):

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

Property Owner (Printed Name) _____

Property Owner (Signature) _____

Date _____

(Attach a copy of deed or lease in the name of the license applicant)

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: _____

License Application Checklist (for Town of Palisade Staff Use)

	A <u>completed</u> Town of Palisade Recreational Marijuana Establishment application
	Name and address of the owner(s) of the proposed retail marijuana establishment and in whose name the license is to be issued
	Fingerprints and personal histories OR proof that CBI background checks are currently being processed for all owners and parties with a direct financial interest
	Name and address of the proposed business manager(s)
	A Statement of Minimum Standards (Including information on convictions, denials, etc.)
	Is the property currently within the Town of Palisade town limits?
	Is the property currently located outside the 1,000-foot distance requirement from schools
	Is the property located outside of the marijuana-free zone?
	Proof of ownership OR legal possession of the premises
	NOTARIZED Property Owner Consent form (if applicable)
	Proof of General Liability Insurance (\$1,000,000 each occurrence / \$2,000,000 aggregate) or a statement from the Insurance Company that it can be obtained
	Proof of Workers' Compensation Insurance or a statement from the Insurance Company that it can be obtained
	An Operating Plan for the proposed retail marijuana establishment including the following information: <ul style="list-style-type: none"> <input type="checkbox"/> Description of products and services to be sold or provided <input type="checkbox"/> A dimensioned floor plan of the proposed premises clearly labeled showing the following: <ul style="list-style-type: none"> <input type="checkbox"/> The layout of the structure and the floorplan including information sufficient to provide compliance with ventilation <input type="checkbox"/> The principle uses of the floor area depicted on the floorplan <input type="checkbox"/> The layout of the structure and the floorplan including information sufficient to provide compliance with security and other structural requirements <input type="checkbox"/> Area where any services other than cultivation, distribution or sale of retail marijuana is proposed
	For a retail marijuana TESTING facility or a retail marijuana MANUFACTURING facility: a plan that specifies all means to be used for extraction, heating, washing, or otherwise changing the form of the marijuana plant, or the testing of any marijuana, and included verification of compliance with all State and local laws for ventilation and safety measures for each process
	Information on the maximum amount of retail marijuana or retail marijuana products that may be on the business premises at any one time expressed in GRAMS of marijuana and units of marijuana-infused products
	A security plan indicating how the Applicant will comply with the requirements of Ordinance #2017-14, specifically Section 6-123
	A business plan demonstrating the applicants' ability to successfully operate in a highly regulated industry over an extended period of time
	A lighting plan showing the illumination of the outside area of the retail marijuana establishment for security purposes
	A vicinity map drawn to scale, indicating within a radius of one-quarter (1/4) mile from the boundaries of the property
	A plan for disposal of any retail marijuana or product that is not sold
	A plan for ventilation that describes the ventilating systems

License Application Checklist (continued)

	A description of all toxic, flammable, or other materials regulated by Federal or State government
	A copy of the State of Colorado Marijuana Establishment License application
	Fire inspection scheduled and/or completed as required for all locations within the Town of Palisade.
	Police inspection scheduled and/or completed as required for all locations within the Town of Palisade.
	\$5,000 application fee

Retail Marijuana Establishment Fee Schedule

	New license for retail marijuana store application fee	\$5,000.00 (non-refundable)
	New license for retail marijuana cultivation facility application fee	\$5,000.00 (non-refundable)
	New license for retail marijuana manufacturing facility application fee	\$5,000.00 (non-refundable)
	New license for retail marijuana testing facility application fee	\$5,000.00 (non-refundable)
	Annual Operating Fee (to be paid in addition to the application fees)	\$5,000.00 (non-refundable)
Fees are set per Town of Palisade Ordinance #2017-14 and are subject to change by the Board of Trustees at any time by approval of a new Resolution.		