

CITY OF BOULDER MEDICAL MARIJUANA BUSINESS LICENSE BACKGROUND CHECK AND FINANCIAL INTEREST RECORD

The Applicant must provide an Individual History Record for ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, FINANCIERS, PRIMARY CAREGIVERS, AND NAMED PERSONS that own any percentage to total 100% Ownership. In addition, each individual, MUST ALSO BE FINGERPRINTED, MUST PROVIDE A MMB INDIVIDUAL HISTORY RECORD FORM, and any other documentation permitted by Chapter 6-14, B.R.C. evidencing good moral character.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed. EVERY answer you give will be checked for its truthfulness. A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.

1. Name of Business					
2. Your Full Name (last, first, middle)			3. List any other names you have used.		
4. Mailing address (if different from residence)			Home Telephone		
5. List all residence addresses' below. Include current and previous addresses for the past five years. (Attach separate sheet if necessary.)					
STREET AND NUMBER		CITY, STATE, ZIP		FROM	TO
Current					
Previous					
6. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary)					
NAME OF EMPLOYER	ADDRESS (STREET,	CITY, STATE, ZIP)	POSITION HELD	FROM	TO
7. List the name(s) of relatives working in or holding a financial interest in a MMB licensed business.					
NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE		

8. Have you ever applied for, now hold, ever held, or had any percentage interest in a State of Colorado Medical Marijuana business, a Medical Marijuana Business License in Boulder or any other jurisdiction, or helped financed, loaned money, furniture or fixtures, equipment or inventory, to any Medical Marijuana business licensee? ___ Yes ___ No

Name	Address	Type of Business	Date/ License #
Explain: _____			

9. Have you been denied an application for a medical marijuana business or had a medical marijuana business license revoked by any jurisdiction? ___ Yes ___ No

Explain: _____

10. Have you ever received a violation notice, suspension or revocation, for a liquor law violation, or a Medical Marijuana business license, or have you applied for or been denied a Medical Marijuana business license anywhere in the U.S.? ___ Yes ___ No

Explain: _____

11. Have you had a liquor license denied, suspended or revoked by any jurisdiction? ___ Yes ___ No

Explain: _____

12. Have you had a business temporarily or permanently closed for failure to comply with any health, safety, or other law? ___ Yes ___ No

Explain: _____

13. Have you had an administrative or criminal finding of delinquency for failure to pay sales or use tax, or any other business tax? ___ Yes ___ No

Explain: _____

14. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Include arrests for DUI and DWAI. If yes, please explain below. ___ Yes ___ No

Explain: _____

15. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? ___ Yes ___ No

Explain: _____

16. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license? ___ Yes ___ No

Explain: _____

17. Have you ever been convicted of a felony in a federal, state, or other court? ___ Yes ___ No

Explain: _____

18. Have you ever been convicted of driving or operating other machinery under the influence of alcohol, drugs or medication, or driving while impaired or driving with excessive alcohol content in a federal, state, or other court? ___ Yes ___ No

Explain: _____

19. Have you ever been convicted of a crime or completed any portion of a criminal sentence in a federal, state, or other court? ___ Yes ___ No

Explain: _____

If the answer is yes to any of the above questions 14 to 19, please provide the following: (if necessary, provide additional information on a separate sheet)

Person's Name	Name and Location of Court	Charge convicted of	Sentence	Date of Sentencing	Last date of incarceration /parole/probation

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law in Section 24-72-204 C.R.S., information provided below will be treated as CONFIDENTIAL. Medical Marijuana business licensing requires the following personal information in order to determine your suitability for licensure pursuant to B.R.C 6-14-5 (a) (10) and 6-14-5 (b).

21a. Date of Birth _____ b. Social Security Number SSN _____

c. Place of Birth _____ d. U.S. Citizen? ____ Yes ____ No

e. If Naturalized, list where _____ f. When _____ g. Name of District Court _____

h. Naturalization Certificate Number _____ i. Date of Certification. _____

If an Alien, Give Alien's Registration Card Number _____

k. Permanent Residence Card Number _____

l. Height _____ m. Weight _____ n. Hair Color _____

o. Eye Color _____ p. Sex _____ q. Race _____

r. Do you have a current Driver's License? ____ Yes ____ No If Yes, give number and state _____

Please attach copy of your current Driver's License, State Issued Picture ID, or Passport to this document.

22. Financial Information.

a. Total investment being made in MM business by Applicant entity, corporation, partnership, limited liability company, or other.
\$ _____

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid \$ _____

c. Provide details of investment. You must account for the sources of all cash or other monies (how acquired). Attach separate sheet if needed.

Type: Cash, Services or Equipment	Source: Name of Bank; Account Type and Number	Amount

d. Loan Information (attach copies of all notes or loans)

Name of Lender and Account Number	Address	Term	Security	Amount

23. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon.

Related to answer to question 23, please attach MMB license applicant's business entity bank records for the last 3 months for all checking, savings, and other bank accounts that hold applicant business entity funds to MMB License Application in accordance with the instructions listed as Attachment J.

Oath of Applicant

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Boulder Revised Code and all Rules and Regulations which govern my Medical Marijuana Business License Application and any issued Medical Marijuana Business License.

Authorized Signature

Printed Name and Title

Date