



**City of Boulder**

**Finance Department · Licensing Division**

**1777 Broadway, Boulder, Colorado 80302 · 303 441-4192**

---

**CITY KEYHOLDER CHANGES CHECKLIST OF REQUIRED DOCUMENTS FOR MEDICAL MARIJUANA BUSINESS (MMB) AND FOR RECREATIONAL MARIJUANA BUSINESS (RMB) CITY LICENSES**

- City Change Report Application-** 3 page city form entirely complete, listing former person (if any) and new city keyholder to be added, and signed on the 3<sup>rd</sup> page by a prior approved city keyholder or licensee owner.
- City Background Check form-** this form should be fully completed by new proposed keyholder, including any prior violations of law by the new keyholder. Please include court documents, explanations, or evidence of rehabilitation if applicable.
- State issued ID or Driver's License copy from new city keyholder-** as described on the city background check form, please include a copy of the new person's picture ID.
- Fingerprint card for new city keyholder manager-** city licensing will accept fingerprint cards produced by other law enforcement agencies, but information for the Boulder Police Department locations that complete fingerprints is included in this packet.
- If MJ business would like City Keyholder to act as manager immediately until final city determination on the application, please include a copy of the **new person's badge issued by State Marijuana Enforcement** division.

[ ] **City Keyholder change fee of \$150 for each new person and \$39.50 per fingerprint card-** This fee should be payable to "City of Boulder". City licensing does not take cash for licensing fees but instead only will accept business checks or money orders for licensing fees.

**\* Please Note:**

The new City Keyholder may act in an oversight capacity as soon as their complete Change application with all necessary attachments and fees only if they also submit a copy of their Badge issued from the State Marijuana Enforcement division.

Otherwise, the proposed new city keyholder may not act in an oversight capacity (on-premise alone, set alarm, open up or close up, supervise regular employees through work direction) for the first 30 days after the change application submittal because such changes must be filed at least 30 days before they become effective. Then on the 31<sup>st</sup> day, the city keyholder may act in a "pending" capacity until final determination on the new person is made by city licensing.

The keyholder is not finally approved until a city licensing approval letter is received by the licensee. The City of Boulder's background check review requirements are more strict than the State MED so obtaining a "key badge" from the state may not be used in place of city approval letter for Boulder city keyholders.

# Fingerprinting Information

Fingerprinting procedures for City of Boulder liquor licensing and marijuana licensing purposes:

- 1) Applicants are preferred to be fingerprinted on Boulder Police Department (BPD) fingerprint cards. If the liquor license applicant or medical marijuana applicant lives out of state or out of the City of Boulder, you may be fingerprinted at your local police department or sheriff's office if the outside agency prints on and you are able to provide the Licensing Clerk with standard cardstock FBI fingerprint cards. Please contact the Licensing office at 303-441-4192 to discuss other arrangements.
- 2) Applicants should be prepared to let the BPD department employee who is fingerprinting them know whether they live in the City of Boulder or, because they have a signed lease or deed for their proposed licensed establishment, that they currently work in the City of Boulder qualifying them for BPD printing.
- 3) On the fingerprint card there is a box that asks "Reason Fingerprinted." Unless the police department directs you otherwise, you can leave this box blank. The city licensing office and the police department may have stickers to put in this section. The stickers says: "Liquor License, City of Boulder, CO; C.R.S. 12-47-307(3)(a)(b)." for liquor licensing or "Med. Marijuana License, City of Boulder, CO; C.R.S. 12-43.3-307 (2) (a) (c)" or "Retail Marijuana License, City of Boulder, CO; C.R.S. 12-43.4-306 (2)(c)" for marijuana city licensing. If the police officer printing you wants you to write something in, then you should write the above information in.
- 4) When you submit your application, you must submit \$38.50 for liquor licensing prints or \$39.50 for marijuana licensing prints per person in certified funds or pre-printed business checks. Please make your money orders or cashier's checks payable to the **City of Boulder**.

There are 2 locations to be fingerprinted for City of Boulder license applications. Fingerprinting services are offered at the main police station and the downtown Community Police Center (CPC). There is an \$11.00 fee per fingerprint card. Please call the below PD location to ensure that the fingerprint specialist is on duty that day.

## **Boulder Police Department**

### **Public Safety Building**

**1805 33rd Street**

**Phone: 303-441-3300**

**Days & Hours: Tuesdays & Thursdays: 8:00 a.m. - 6:00 p.m.**

### **Downtown Mall CPC**

**1500 Pearl St., Ste. E**

**Phone: 303-441-3300 or 303-413-7324**

**Updated Days & Hours: Monday - Thursday: 10:00 a.m. - 2:00 p.m.**



**City of Boulder**

Finance Department · Licensing Division

1777 Broadway, Boulder, Colorado 80302 · 303 441-4192

**MARIJUANA BUSINESS LICENSE CHANGES REPORT APPLICATION  
FOR MEDICAL MARIJUANA BUSINESS (MMB) AND RECREATIONAL MARIJUANA BUSINESS (RMB)**

**Licensee business entity type:**

- Corporation
- LLC
- Individual
- Partnership
- Association or other

**Regulatory License type:**  Medical Marijuana Business (MMB) License  Recreational Marijuana Business (RMB) License

**License type:**

- MMB Wellness Center
- MMB Greenhouse/Grow
- RMB/MMB Manufacture Infused Product
- RMB Dispensary
- RMB Grow
- RMB/MMB Testing Facility

**City License No.:** \_\_\_\_\_

**Licensee Name:** \_\_\_\_\_

**Trade name/DBA:** \_\_\_\_\_

**Premise Address:** \_\_\_\_\_  
Street address City State Zip Code

**Mailing Address:** \_\_\_\_\_  
(if different from premise location)

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Before change:**  
**City Sales Tax #** \_\_\_\_\_ **State Sales Tax #** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**After change:** (Note: if City Sales Tax, State Sales Tax, or FEIN changes, you are likely to be required to file a new MMB license application, pay associated fees and suspend operations until a new city license is issued):

**City Sales Tax #** \_\_\_\_\_ **State Sales Tax #** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**Change(s) reported- check all that apply and 30 days advanced notice is required [Payable to the City of Boulder]:**

**\$39.50 background check fee per person + \$150 keyholder change fee per person for City keyholder changes**

**\$39.50 background check fee per person + \$2,000 business entity change fee for all other changes**

- City Keyholder change / addition (section A)
- Business entity name (section B)
- Trade name (section C)
- Officers, directors, partners, members, financiers, primary caregivers, named persons (Section D)
- Individual owners or ownership percentages (Section E)

**For all above changes, complete the required section(s), attach required documents, and sign oath on last page.**

**\*\* Only licensees may make these changes (not applicants)**

**SECTION A - CITY KEYHOLDER CHANGE / ADDITION CHANGE**

Effective date of City Keyholder change/addition: \_\_\_\_\_

Former keyholder name: \_\_\_\_\_

Proposed keyholder name: \_\_\_\_\_

Will the new person also hold ownership or have any other business interest?  Yes \*  No

Background check form completed by new person

fingerprint card for new person

State issued DL copy for new person, and if will act keyholder immediately, copy of State MED badge attached

Business check or Money Order for \$39.50 background check fee and \$150 keyholder change fee per person attached

**\* If yes, also complete Section D and/or Section E**

**SECTION B - BUSINESS ENTITY NAME CHANGE**

Effective date of business name change : \_\_\_\_\_

Business entity old name: \_\_\_\_\_

Business entity new name: \_\_\_\_\_

Articles of amendment from CO Secretary of State showing new name attached

Operational documents reflecting name change attached

Business entity change fee as Business Check or Money Order of \$2,000 payable to City of Boulder attached

Name change reported to City Sales Tax & CO Dept. of Revenue?

**SECTION C: TRADE NAME CHANGE**

Effective date of trade name change: \_\_\_\_\_

Trade name old name: \_\_\_\_\_

Trade name new name: \_\_\_\_\_

Business entity change fee as Business Check or Money Order of \$2,000 payable to City of Boulder attached

Trade name change reported to City Sales Tax & CO Dept. of Revenue?

**SECTION D: CHANGE OF OFFICERS, DIRECTORS, PARTNERS, MEMBERS, FINANCIERS, PRIMARY CAREGIVERS, OR NAMED PERSONS**

*Please note: Changes must be filed at least 30 days before they are effective and the change will not be final until approved by City and State. If change has already occurred and if change request is denied, City may require change become null and void or the new party be divested from new role.*

new person:	new position:	mailing address:	individual replaced (If applicable):	% owned: (complete Section E too)

(attach separate sheet if necessary)

Corporate minutes, LLC operating agreement or partnership agreement amendments showing the change. Include letters of resignation, appointment, or employment of any officers, directors, partners, managing members, financiers, primary caregivers, named persons included

- All new notes, loans, security instruments, profit sharing agreements or other documents related to the addition or employment of new named persons attached
- Each new individual's background check form attached
- Each new individual's driver's license or state-issued ID attached
- Each new individual's fingerprint card attached
- Business check or money order for \$39.50 per background check and Business entity change fee of \$2,000 payable to City of Boulder attached

**SECTION E: CHANGE OF INDIVIDUAL OWNERS OR OWNERSHIP PERCENTAGES**

*Please note: Changes must be filed at least 30 days before they are effective and the change will not be final until approved by City and State. If change has already occurred and if change request is denied, the City may require change become null and void or the new party be divested from new role.*

**New owners/ownership percent changes:**

entity/person:	position (if named person, complete Section D too):	mailing address:	replaces former owner (if applicable):	% owned:

(attach a separate sheet if necessary)

- Each new individual's background check form attached
- Copy of each new individual's driver's license or state-issued ID attached
- Each new individual's fingerprint card attached
- Executed purchase agreement, stock sale certificates, bills of sale, copies of corporate minutes, LLC operating agreement or partnership agreement amendments or other documents to confirm this change. Include letters of appointment, employment, or memorandums of understanding attached
- All new notes, loans, security instruments, profit sharing agreements or other documents related to addition or employment of new named persons attached
- Business check or money order for \$39.50 per background check and Business entity change fee of \$2,000 payable to City of Boulder attached

**Oath of Applicant (Owner or Existing Keyholder)**

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 marijuana business license application and any issued marijuana business license.

--	--	--	--

Signature

Printed name

Title

Date



**COLORADO**  
**Bureau of Investigation**  
Department of Public Safety

Identification Unit  
690 Kipling Street, Suite 3000  
Denver, CO 80215  
303-239-4208

## NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation (“CBI”) and the Federal Bureau of Investigation (“FBI”), your fingerprints will be submitted to these agencies to check state and FBI records.

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at [www.colorado.gov/cbi](http://www.colorado.gov/cbi).

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at [www.fbi.gov](http://www.fbi.gov).

The U.S. Department of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (“CJIS”) Division processes these requests.

**Who May Request a Copy of a Record?** (or proof that a record does not exist)  
Only you can request a copy of your own Identification Record.

### How to Request a Copy of Your Record?

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist:

Option 1: Submit your request directly to the FBI.

Option 2: Submit your request to an FBI-approved Channeler, which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBICJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

**AGENCY INSTRUCTIONS: To comply with federal law, provide a copy of this document to each applicant fingerprinted.**



# CITY OF BOULDER BACKGROUND CHECK FORM AND FINANCIAL INTEREST RECORD FOR MEDICAL MARIJUANA BUSINESS (MMB) OR RECREATIONAL MARIJUANA BUSINESS (RMB)

The Applicant must provide an Individual History Record for ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, CITY KEYHOLDERS, FINANCIERS, PRIMARY CAREGIVERS, ALL NAMED PERSONS, AND ALL AGENTS who manage, advise, or are paid more than \$1,000 a year by the applicant. Each of these individuals, MUST ALSO BE FINGERPRINTED, MUST PROVIDE AN INDIVIDUAL HISTORY RECORD FORM WITH COPY OF ID, and any other documentation permitted by Chapter 6-14 or Chapter 6-16, B.R.C. evidencing good moral character. Please submit court documents with final dispositions or evidence of rehabilitation if necessary.

**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)			5. Home Telephone		
6. Your personal email address if city has further questions or needs additional information? _____					
7. 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					
8. 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
9. List name(s) of relatives working in or holding a financial interest in an MMB or RMB licensed business.					
<u>Name(s) of Relative</u>	<u>Relationship to you</u>	<u>Position Held</u>		<u>Licensee Name</u>	
10. Have you ever applied for, now hold, ever held, or had any percentage interest in a State of Colorado Marijuana business, a Marijuana Business License in Boulder or any other jurisdiction, or helped financed, loaned money, furniture or fixtures, equipment or inventory, to any Marijuana business licensee? <span style="float: right;">___ Yes ___ No</span>					
Name		Address		Type of Business	Date/ License #
Explain: _____					
_____					
_____					

11. Have you been denied an application for a marijuana business, withdrawn an application for a marijuana business, or had a marijuana business license revoked by any jurisdiction?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

12. Have you ever received a violation notice, suspension or revocation, for a license violation, related to liquor, marijuana, gaming, professional services, or any other type of license anywhere in the U.S.?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

13. Have you had a license application as described in paragraph 10 denied, suspended or revoked by any jurisdiction?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

14. Have you had a business temporarily or permanently closed for failure to comply with any health, safety, failure to pay tax, reporting violations, or other law?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

15. Have you had an administrative, civil, or criminal finding of delinquency for failure to pay sales or use tax, or any other tax?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

16. Have you ever been arrested for a crime, convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or have you been found liable or responsible in a civil or administrative proceeding for violation of any law or regulation, or do you have any such criminal, military, civil, or administrative charges pending? Please explain below.

Yes  No

Explain: \_\_\_\_\_

17. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence or subject to any order requiring payment of fines or fees or monitoring for any civil or administrative violations?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

18. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

19. Have you ever been convicted of a felony, or found in violation of any applicable law (other than traffic violations that did not involve a controlled substance or injury to any party) in a federal, state, or other court?  Yes  No

Explain: \_\_\_\_\_

20. 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: \_\_\_\_\_

21. 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: \_\_\_\_\_

22. If the answer is "yes" to any of the above questions 16 to 21 for any violations of law, please provide answers on the name and location of court, charge(s), and sentence: (if necessary, provide additional information on a separate sheet)

Person's Name	Name and Location of Court	Charge(s)	Sentence/Settlement	Date of Sentencing/Settlement	Last date of incarceration/parole/probation/monitoring/liability for fees

**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. Marijuana business licensing requires the following personal information in order to determine your suitability for licensure pursuant to Chapter 6-14 or Chapter 6-16.

23. a. 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. \_\_\_\_\_

j. 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. Attach State badge if will immediately act in keyholder capacity while city application is pending.**

24. Financial Investment Information.

a. Total investment being made in 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 \$ \_\_\_\_\_

24. Financial Investment Information (cont.)

c. Provide details of total business investment. You must account for the sources of all cash or other monies (how acquired) that you have made in the business. 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

25. 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 25, please attach business entity bank records for MMB or RMB license applicant entity for the last 3 months for all checking, savings, and other bank accounts that hold applicant business entity funds to City 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 applicable laws regarding this application and operation of a Marijuana Business.

Authorized Signature	Printed Name and Title	Date