



PERMANENT MODIFICATION CHECKLIST OF REQUIRED DOCUMENTS FOR MEDICAL MARIJUANA BUSINESS (MMB) AND FOR RECREATIONAL MARIJUANA BUSINESS (RMB) CITY LICENSES

- City Permanent Modification application-** 2 page city form entirely complete, fully describing modification proposed, and signed on the 2nd page.
- “Before” general diagram attached-** this diagram should describe the premise as it is now before the modification.
- “After” general diagram attached-** there should be attached a general “after” diagram in accordance with that general floor plan check sheet.
- “After” security diagram attached-** there should be attached a security “after” diagram showing all new proposed security measures that will be in place after the modification.
- Amended Lease to add new square footage-** fully signed and should include mention of “marijuana business use” in lease (not required if premise square footage is not changing).
- Landlord’s letter agreeing to modification-** letter of letterhead and signed by landlord agreeing to the permanent modification proposed by the licensee and which reconfirms that the city can enter the property for inspections of the premises.
- Operating Summary fill in the blank page completed-** please complete the one-page form reflecting the operating plan for the licensed premise after the modification for the type of licensed premise that will be modified and submit with the modification application.
- Security Summary fill in the blank page completed-** please complete the one-page form reflecting the security plan for the licensed premise after the modification and submit with modification application.
- Zoning Confirmation Form attached-** please complete the two page zoning form and check the box for modification and the proper licensed type on the 2nd page. This form will be date/time stamped by city licensing, the original of the zoning form will be returned to the licensee to use as confirmation that city licensing agrees that building permit applications should now be taken for the purpose of licensed premise modifications, and a copy of this time/date stamped form will be retained in the license file.
- Permanent Modification fee for \$3,000 payable to the City of Boulder.**

* Please Note: Licensees should check directly with State MED to inquire about their modification documents and fees. In addition, the building permits to construct the modification may not be filed by the licensee until the above modification documents and fees are filed with city licensing. No MJ product or plants may be in the square footage added in a modification until city inspection approvals are complete and the licensee has a city approval letter from the licensing manager.

SECTION A - PERMANENT MODIFICATIONS TO LICENSED PREMISES

STEP 1: Complete this change form, attach "before" and "after" diagrams, landlord approval or amended lease, and a zoning confirmation form and submit to city licensing in person in scheduled meeting. You must have a time/date stamped zoning form from licensing before you may proceed to step 2. You should also inquire with State MED as to their proper process.

STEP 2: Apply for building permits at the City P&DS department. Bring a copy of your city license and your time/date stamped zoning form to submit to the P&DS project specialist along with your building plans.

STEP 3: Complete changes of premise construction. When you are done, have requested, and received a letter of completion from P&DS, provide a copy to City Licensing.

STEP 4: City licensing inspection team comes to premise to inspect changes made.

STEP 5: Once you have PD, Fire, and Planning written inspection approval for the change, city licensing will produce a modification approval letter. The letter original will be mailed to business mailing address and a copy will go to State MED. Only then is the modification considered final and can the changed premise be used.

Describe all changes proposed to licensed premises:

Effective date: _____

Attach to this change form:

"Before" modification and "After" modification diagrams of the licensed premise

If premise is leased, acknowledgement letter from landlord to consent to change or new/amended lease

New zoning confirmation form for P and DS

Amended documents such as operating plan and security plan and lighting plan (see attached templates)

SECTION B - CHANGE OF BUSINESS USE CLASSIFICATION

Please Note: Licensees may not begin the new type of business before the change is approved by the City and the State, and before the premise is inspected by all required City staff. Please obtain written approval by city licensing and city building permits before proceeding with construction.

Anticipated date of change of business use: _____

Current use (wellness center/dispensary/MIP/grow): _____

Proposed use (wellness center/dispensary/MIP/grow): _____

Zoning district of premise (if known): _____

New zoning confirmation & request for City map to confirm compliance with zoning attached

Amended premise diagram for new proposed use classification (if applicable) attached

Other amended documents, such as operating plan, security plan & diagram, general floor plan diagram, and lighting plan impacted by the proposed use classification change attached

Oath of Applicant (Owner or Manager)

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

ATTACHMENT F: An operating plan narrative for the proposed marijuana business including the following information and a general premise diagram with checklist items listed here:

[] FOR ALL LICENSE APPLICANTS: A Neighborhood Responsibility Plan that demonstrates how the business [applicant] will fulfill its responsibilities as a good neighbor and deter secondary impacts to the surrounding neighborhood, including, but not limited to:

- (a) Neighborhood Outreach: Describe the manner(s) in which the Applicant has contacted residents and businesses in the neighborhood of the MMB
 - o (i.e. door to door, flyers to each business, phone calls, mailing)

-
- o when were such contacts made (check all that apply?)
_____before opening _____after opening _____within past 2 months
_____more than 6 months ago
 - o describe area used as neighborhood contacted (i.e. within 1 block, within 2 blocks, within a 500 foot radius, other) _____

- (b) Future Communication Method: Describe the information provided to neighbors to contact the business in the case or problems related to the business (i.e. 24/7 telephone number of owner, phone number posted at MMB, other)

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- o business contact person's name & phone number _____
 - o Describe other methods in which neighbors were advised they could contact the business in case of problems related to the business: _____
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- (c) Dispute Resolution Process: Described the dispute resolution procedure the Applicant will use in the event of a dispute between the surrounding neighborhood and the business (check all that apply)

- o _____Respond to telephone calls within 24 hours
- o _____Respond to telephone calls within 72 hours
- o _____Owner meeting with neighbor(s) with concern
- o _____if dispute not resolved to reasonable satisfaction of neighbor, call _____for assistance resolving dispute (i.e. medical or arbitration service [name entity have made arrangements with], city of boulder mediation services): _____

[] FOR ALL LICENSE APPLICANTS, expected Business Hours of operations: _____
(B.R.C only allows hours between 8 a.m. to 7 p.m.).

[] FOR ALL LICENSE APPLICANTS, Business Renewable Energy Plan: _____
(B.R.C. requires that greenhouse/grow facilities must offset their energy usage 100% through use of Wind source program, Community Solar Garden subscription, or renewable energy generated on-site.)

FOR ALL LICENSE APPLICANTS, A statement of the amount of projected daily average and peak electrical load used by the business and a certification from the landlord and the utility provider (please attach) that the premises are already equipped for or will be upgraded for the required electrical load: _____

FOR ALL LICENSE APPLICANTS: Name of owner or manager, who will reply within 24 hours to the City of Boulder, and the applicant representative's phone number and email address when premise inspection or city enforcement contact is required:

FOR ALL LICENSE APPLICANTS, Provide addresses of all other Colorado MJ business operating under this applicant entity: _____

FOR ALL LICENSE APPLICANTS, Describe plan for locked disposal of any MJ products or marijuana infused product that is not sold to a patient or customer in a manner that protects any portion thereof from being possessed or ingested by any person or animal and in a manner that renders disposed of product unusable and unrecognizable:

FOR ALL LICENSE APPLICANTS, Describe plan for ventilation of the marijuana business that indicates the ventilation systems that will be used to prevent any odor of marijuana off the business premises:

FOR ALL LICENSE APPLICANTS, Please include a description of all toxic, flammable, or other materials regulated by federal, state or local government with authority over the business that will be used or kept at the marijuana business, the location of such materials and how such materials will be stored:

FOR ALL LICENSE APPLICANTS, A description of the products and services to be provided by the marijuana business, including an indication of whether or not the business proposes to engage in the production of retail sale of food or other products for human ingestion, and whether any products or services will be provided at a location different than the address on the license application: _____

FOR ALL LICENSE APPLICANTS: an operating plan for the proposed medical marijuana business that indicates that there are no anti-personnel devices that impede entry to the premise by emergency responders: _____

[] for MMB Wellness Center or RMB Dispensary including but not limited to:

*[] staff initials: Total Square Footage of Marijuana Business square feet? _____
(B.R.C. limits the square footage allowed to 3,000 square feet or less).
Subject to Planning and Development Services final calculation and review.

*[] staff initials: Number of separate rooms in proposed location: _____
(B.R.C requires: For MMB wellness centers, at least 3 rooms with separating walls up the ceiling and doors in between them as follows: 1 foyer to determine if visitor is patient or non-patient, 1 private consultation room where knowledgeable consultation and other holistic offerings occur, and 1 secured & locked MJ dispensing room in restricted area for patients only, and for RMB dispensaries, at least 2 rooms with separating walls up the ceiling and doors in between them as follows: 1 foyer to determine if visitor may lawfully purchase product, and 1 secured & locked MJ dispensing room in restricted area for customer's over 21 only).

- Describe products to be sold: _____

- Describe other on-site service(s) to be provided: _____

- For MMB only: caregiver services provided to patients, (such as health treatments or therapy generally not performed by a medical doctor or physician, such as physical therapy, massage, acupuncture, aromatherapy, yoga, audiology or homeopathy or knowledgeable consultation on the effects and dosage of different types of marijuana for medical use: _____

- Describe plan for packaging MJ at wellness center or dispensary: _____

- Describe any delivery of product intended: _____

- Describe plan so that for MJ product is visible from outside of business premise: _____

- Describe plan so that only for MMB wellness center license premises that only identified patients (no one under 18 years old allowed in unless accompanied by a parent or guardian) are allowed and for RMB dispensary licensed premises that only properly identified customers who are at least 21 years of age are allowed. Please describe your plans to check and card the persons who enter your business:

- ID scanner to be used in conjunction with above customer carding plan:

- Plan so that no amount over allowed weight is sold to customers (please attach separate sheet if needed): _____

[] for **Manufactured Infused Product (MIP) and Testing Facilities** including but not limited to:

*[] staff initials: Does your MIP business location have plants at the premise?

(B.R.C requires 2 separate license applications for Grows and MIP premises even if they are at the same address).

* [] staff initials: What is your premise square footage? _____

*[] staff initials: Does your MIP location have one-hour fire rate walls up to the ceiling to separate the proposed MIP licensed premise and the Grow licensed premise with separate entrance and exit doors?: _____

(B.R.C. requires separate licensed premises sufficient to create distinct suites/units/businesses and that business records for operation and transport between Grows and MIPs be kept separately).

* [] staff initials: Does at least 70% of your MJ supply come from a Boulder Grow, and if so, from what Boulder Grow location is the product coming from?:

*[] staff initials: For MMB license applications where ingestible item production will occur, the Operating Plan must describe how the applicant will meet the health and safety standards for a retail food establishment standards in 25-4-1601 et seq. C.R.S. and address how they will meet the labeling and packaging standards in order to conform with B.R.C.

*[] staff initials: Has your business yet hired industrial hygienist to produce verification report?

If not, this report will be required to confirm adequate protection of persons and property. Please provide approximate date that industrial hygienist will be hired: _____

- Describe the products and services to be provided by the marijuana business, including an indication of whether or not the business proposes to engage in the production of retail sale of food or other products for human ingestion, and whether any products or services will be provided at a location different than the address on the license application:

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- Describe product(s) to be manufactured at this location:

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- Name the Center(s) from where the MJ will be purchased for such products:

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- Describe means used for extraction, heating, washing or otherwise changing MM plants for each product and verify compliance with ventilation and safety measures for each process: _____

- The maximum amount of marijuana or marijuana infused products that may be on the business premises at any given time (BRC allows only 600 lbs MJ product and 150 lbs MIP product at MIP premise, or 100 lbs raw and 100lbs MIP product at testing facilities):

- Provide the name, address, and License Number for each MJ Center that will distribute the product(s) manufactured at this location: _____

- Where ingestible item production will occur, plan describing how the health and safety standards for a retail food establishment standards in 25-4-1601 et seq. C.R.S. will be met and how the B.R.C. labeling and packaging standards will be met: _____

- Describe plan for ventilation of the medical marijuana business that indicates the ventilation systems that will be used to prevent any odor of medical marijuana from leaving the premises of the business. For marijuana infused product businesses, such plan shall also include all ventilation systems used to mitigate *noxious gases or other fumes* used or created as part of the production process:

- For marijuana businesses to operate as greenhouse/grows or a manufacturing infused products (MIP) use, a plan that specifies the methods to be used to prevent the growth of harmful mold and compliance with limitations on discharge into the wastewater system of the city as set forth in Chapter 11-3, "Industrial and Prohibited Discharges," B.R.C. 1981. [Complete Wastewater Classification Survey with Application and include payment].

[] for Greenhouse/Grow facilities, including but not limited to:

_____ Total square footage of RMB Grow location (please note that licensed MMB and RMB grow locations cannot exceed 15,000 sq. feet).

Maximum number of plants at this location: _____

Maximum number of lights at this location: _____

Wattage for lights used: _____

Are patients or customers allowed at this location: _____?

Describe plan for ventilation of the marijuana business that indicates the ventilation systems that will be used to prevent any odor of marijuana off the business premises:

Describe plan for view obstruction of product from outside of the location:

Describe plan to organize facility in organized rows and aisles (please elaborate on general premise diagram with 3 foot aisles and plant rows): _____

For medical marijuana businesses to operate as greenhouse/grows or a manufacturing infused products (MIP) use, describe plan that specifies the methods to be used to prevent the growth of harmful mold and compliance with limitations on discharge into the wastewater system of the city as set forth in Chapter 11-3, "Industrial and Prohibited Discharges," B.R.C. 1981: _____

[Complete Wastewater Classification Survey with Application and include payment].

General Floor Plan Check Sheet

Please attach a dimensioned floor plan diagram *[with color highlighter used to differentiate between licensed and non-licensed area, and differentiating patients/public area]* with all levels and floors displayed and clearly labeled. This must be on either 8 ½" x 11" or 11" x 17" paper and diagrams must depict the following:

- Square Footage of proposed licensed premise [if it is a MMB wellness center or RMB dispensary, the total area must be under 3,000 square feet or 15,000 square feet for Grows locations]
- The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where patients/ non-patients/ general public/ employees only will be permitted, private consultation rooms, business office location, marijuana storage areas, stairs, MJ retail area, points of sale, and areas where marijuana or manufacturer infused products will be processed or distributed.
- Storage areas for toxic, flammable, or other materials and chemicals, if any
- Location of checkpoints where picture IDs and MMB patient cards will be checked
- All interior walls and doors listed and marked as to if they are locked
- Ventilation capabilities and room locations
- Production areas if any, which shall not be open to any persons other than those employed by the business, if applicable
- Areas where any services other than the distribution of marijuana are proposed to occur on the licensed premises
- The separation of the areas that are open to persons who are not patients from those areas open to patients or separation of the areas that are open to the general public
- Front and back premise exterior lighting of licensed premises
- All Exterior Entrances and Exits
- All Exterior Windows and means of security

ATTACHMENT G: A Security Plan and Lighting Plan Narrative with Security Floor Plan diagram including all items on checklist (for All MMB License Applicants):

- 30-day security recordings off-site storage location (street address):

- Location of books and records of the business:

- Location of all check points where customer IDs are checked before entry into secure dispensing area: _____
- Lighting control information: _____
- Location of All Entrances and Exits: _____
- Complete procedure for 24/7 monitoring of security system, including,
 - Calling sequence in the event the security system is tripped:

 - Procedure for verification in the event of the system is tripped: _____
 - Names and emergency cell phone contact information for owners and managers that will be on-site: _____
 - Alarm monitoring company name and emergency contact phone information:

 - Names and emergency contact information of person responsible for notifying Boulder Police Department within 12 hours of criminal activity or attempts of criminal activity:

 - Name and contact information for landlord if applicant rents the business space: _____
- Locations of safes and locked refrigerators or freezers for MIP products and the manner used to affix and attach the safe/refrigerator/freezer to the building:

- Indicate any impediments to emergency responders in entering the licensed premise (note that there can be no anti-personnel devices impeding entry to the location):

ATTACHMENT H: Lighting Plan for Licensed Premises as specified in B.R.C.: A premise diagram and text explanation (may be added to security diagram) showing outside lighting of the marijuana business for security purposes and compliance with applicable city requirements.

Security Diagram Check List

Please attach a dimensioned security floor plan with all levels and floors, and a narrative. This must be either 8-1/2" x 11" or 11" x 17" paper and depicting the following:

- The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where patients/non-patients/general public/employees only will be permitted, private consultation rooms, storage areas for marijuana, stairs, MJ retail areas, points of sale, areas where marijuana or infused products will be processed or distributed
- Location of storage areas for toxic, flammable, or other materials and chemicals
- Location and means of securing ventilation apparatus that passes through to outside
- The locations of all emergency lighting that is part of the security system and areas of illumination
- The location of exterior front and back light that illuminates outside entrances and exits
- Location of security cameras, motion detectors, security system computer, recording devices (DVR), and other security system components, and the view area covered by each component
- Location of all check points where MMB patient cards and picture IDs are checked
- Location of business office where books and records are kept
- Location of safe used for overnight storage of receipts and product, and which lists the manner used to affix the safe to the structure of premise building (for all MJ businesses)
- All Interior doors and walls, noted if locked
- All Exterior Entrances and Exits, noted if locked
- All windows, noted if locked and if any special film applied for security or view obstruction

CITY OF BOULDER BUSINESS LICENSE APPLICATION
SALES/USE TAX - ADMISSIONS - ACCOMMODATIONS LICENSE

ATTACHMENT FOR BUSINESS LICENSES:
ZONING CONFIRMATION FORM

City of Boulder – Planning & Development Services
1739 Broadway, 3rd Floor
P.O. Box 791, Boulder, Colorado, 80306
(303) 441-1880

The information provided on this form is intended to help specify the use category of the business operation. Please note that the type of business specified for Standard Industrial Coding (SIC) and sales tax licensing may be different than the use category determined for planning purposes.

GENERAL DATA

(To be completed by the applicant.)

PROPERTY

- Street Address: _____
- Lot Area (in square feet or acres): _____ Existing Zoning: _____
- Existing Use of Property: _____
- Is this application a renewal of current sales tax license?(check one) New Modification

PROPOSED USE

- Business Name: _____
- Description of proposed use (Include as applicable, proposed use, if it is a home occupation business, and summarize type of business activity):

CONTACT INFORMATION

- Name of Owner or Representative: _____ E-mail: _____
- Address: _____ Phone: _____
- City: _____ State: _____ Zip Code: _____ FAX: _____
- Size of Business (in square feet): _____
- Hours of Operation: _____
- Use Category (see page 2): _____

Complete all applicable portions of page 2 of this form and return this form with your sales tax application.

I have read and understood and agree to all of the conditions in this 2 page form. I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that in filing the application I understand that there may be additional reviews required to complete the planning process.

Signature: _____ Date: _____

STAFF USE ONLY

Application reviewed by: _____ Date: _____
Zoning District: _____ Use Category: _____
Previous Reviews: _____
Further Discretionary Review Required: _____

For Restaurant Businesses:

- Total Business Size (in square feet): _____ Number of Interior Seats (if applicable): _____
- Size of Outdoor Patio (in square feet): _____ Number of Patio Seats (if applicable): _____
- Hours of Operation for both outdoor patio and inside location: _____

For Home Occupation Businesses:

I, _____, understand the provisions of the Home Occupations Statute (Title 9, Chapter 6-3 (e) of the Revised Code of the City of Boulder) which are listed below, and agree that all actions at my home located at _____, will be in conformance with these regulations. The nature of my home occupation business is as described in the description of proposed use herein.

Title 9, Chapter 6-3 (e) Home Occupations.

(a) **Standards.** A home occupation is a permitted accessory use if the following conditions are met.

- (1) Such use is conducted entirely within a principal or accessory building and is not carried on by any other person other than the inhabitants living there.
- (2) Such use is clearly incidental and secondary to the residential use of the dwelling and does not change the residential character thereof.
- (3) The total area used for such purposes does not exceed one-half the first floor area of the user's dwelling unit.
- (4) There is no change in the outside appearance of the dwelling unit or lot indicating the conduct of such home occupation, including without limitation, advertising signs or displays.
- (5) There is no sale of materials or supplies except incidental retail sales.
- (6) There is no exterior storage of material or equipment used as part of the home occupation.
- (7) No equipment or process is used in such home occupation that creates any glare, fumes, odors, or other objectionable condition detectable to the normal senses at boundary of the lot if the occupation is conducted in a detached dwelling unit, or outside the dwelling unit if conducted in an attached dwelling unit.
- (8) No traffic is generated by such home occupation in a volume that would create a need for parking greater than that which can be accommodated on the site or which is consistent with the normal parking of the district.

(b) **Prohibitions.** No person shall engage in a home occupation except in conformance with all of the requirements of subsection (a) of this section.

For Marijuana Businesses: New Application Modification to an Existing Application

• Size of Business (in square feet): _____ Retail Hours: _____ No. of Rooms: _____

• Use Category (please check only one):

For Medical Marijuana Businesses: Medical marijuana, Personal Service Medical marijuana, Grows-Greenhouse/Nursery

For Recreational Marijuana Businesses: Recreational marijuana, Personal Service Recreational marijuana, Grows- Greenhouse/Nursery

Marijuana business, Manufacturing Infused Product Marijuana Business, Testing Facility