City of Boulder
Finance Department · Licensing Division
1777 Broadway, Boulder, Colorado 80302 · 303 441-4192

MARIJUANA LICENSE APPLICATIONS AND PREMISE INSPECTIONS WORKFLOW FOR MEDICAL MARIJUANA BUSINESS (MMB) AND FOR RECREATIONAL MARIJUANA BUSINESS (RMB) CITY LICENSES

☐ **STEP 1: Applicant files a legally complete MMB or RMB city application**, including all requirements on the Checklist of Required Document form, all necessary Attachments A to J, and all required city fees during a pre-scheduled and in-person filing meeting. City licensing then will: i) take Attachment I (city business license for sales and use tax form, zoning confirmation form, and $25 business license fee) to provide it to sales tax area staff for entry and routing for zoning review, ii) scan in MMB or RMB city application and attachments into city staff team review folder, and iii) send email notice to city MJ licensing staff team and cc state MED personnel that city has received a city MMB or RMB application.

☐ **STEP 2: Fingerprint cards sent to CBI for FBI results**: At the time that City licensing received the legally complete city MMB or RMB application, all attachments, and required fees, they will also send the fingerprint cards to CBI for FBI results. City licensing then will: note date that the print cards were sent to CBI on spreadsheet and deposit background check fee.

☐ **STEP 3: Zoning approval for proposed premise location is received:** Once zoning approval form is received back by sales tax area in conjunction with business license routing, the original of the approved zoning confirmation form will be provided to city licensing and a copy of same will be retained by sales tax area. If the zoning confirmation is denied, city licensing will return city application, all attachments, and city fees, except for the city fees for the business license and the background checks. If zoning form is approved: City licensing will then: i) time/date stamp the approved zoning confirmation form, ii) provide the stamped zoning form to the applicant and retain a copy of same, and iii) deposit both the application fee and the license fee for the application. If the further work by the applicant in STEPS 4 to 10 does not result in an approved city license, the application fee will be retained but the license fee will be refunded.

*Please note: if the CBI and FBI for background checks have not yet been received back and approved, then it is at the option of the applicant at their own business risk if applicant proceeds immediately to STEP 4, Building Permit submission, or if they instead wait until STEP 5, City Licensing approval of CBI and FBI results, is completed.

☐ **STEP 4: Time/date stamped and approved zoning form submitted with building permits:** Once city zoning location approval has been obtained for the proposed location is received, then the applicant may apply for building permits with the city's Planning and Development Services area but not before.

☐ **STEP 5: CBI and FBI results received and approved:** Once both the CBI and FBI results are received back by City licensing, they will be reviewed in conjunction with all disclosures on background check forms, court documents, and all evidence of rehabilitation submitted by the applicant. If there are no offenses either discovered or disclosed, city licensing staff will note the approval in the licensing database and update the spreadsheet. If there are results, the licensing manager will review all materials for final determination on approval or denial of the background checks.

☐ **STEP 6: Letter of Completion received to request licensing premise inspection:** Build out of Boulder MJ locations is complex. Once the premises build out is complete and building permits are properly closed out, a letter of completion can be requested from the Planning department by the applicant and it may be emailed to city licensing. Depending on city licensing's discretion, they may also schedule an inspection when construction is observed to be almost complete by building inspectors and then applicant should follow up with a copy of the letter of completion. City licensing will then: schedule a premise inspection with MJ city staff licensing team, including PD, Fire, Code Inspection, and Licensing.

- ☐ **STEP 7: City staff team premise inspection:** Premise inspection is completed with city MJ licensing inspection team. Once the city staff team inspects, there will be corrections that the applicant must make to the ventilation plan for odor mitigation for Code, the security measurements for PD, or sprinkler or ingress/egress for Fire, among other variable items.

- ☐ **STEP 8: Licensing inspection corrections completed:** Once the applicant has worked with PD, Fire, and Code to make the premise inspection corrections, each inspecting department will provide written approval to the applicant and they will cc city licensing. Applicant must also update both the general diagram and the security diagram; including changes made during construction and during inspections and provide those diagrams to city licensing to update their application file. City licensing then will: be on the lookout to receive a copy of state MED license.

- ☐ **STEP 9: State MED license issued and received:** City licensing receives copy of state license and matches state's expiration date. In matching the state's expiration date, city licensing will issue a refund for the license fee only or add more fees to the renewal cost if the resulting city license is valid for less or more than a 12 month period. City licensing then is ready to issue the MMB or RMB city license. Applicant may have already received the city business license for sales and use tax but the MMB or RMB regulatory license is also required for lawful operations.

- ☐ **STEP 10: City MMB or RMB license issuance:** City licensing will then meet with the applicant to issue the city license. License fee refund or additional fee will be reviewed in matching the state's expiration date. Zoning, PD, Fire, and Code approvals will have been received. State license will have been received. Background checks will have been received and city approved. Application documents, including all diagrams will have been received, updated, and reviewed at the license issuance meeting.

Frequently asked Questions:

I. Can the state's background check approval be used for city review and approval? The state MED cannot send actual CBI or FBI results to the city due to confidentiality. Also, the City of Boulder has more strict standards for background check review than the state MED does so the state's results or key card status are not sufficient.

II. How long does it take? Every applicant's scenario is different so this is a difficult question to answer. City licensing has seen applications take between 6 weeks to 1 ½ years from filing date to license issuance, depending on the amount of time that it takes for the city to receive FBI results, for the applicant to receive building permits, and for the applicant to complete construction and corrections, which are all highly variable.

III. How much does it cost? Again, every applicant's scenario is different. City licensing suggests that it is a good idea to talk to an experienced General Contractor who has previously built out Grow, MIP, wellness center, or dispensary locations in the City of Boulder and who is familiar with our local laws and requirements to address this question.

IV. What is the soonest I can operate? Please remember that applicants cannot have MJ product on-site or begin to grow plants until the applicant has both the city and the state license in hand. If Marijuana is observed at the location before final approval, the application will be denied, no matter how far along the applicant is in the process. If the proposed location has been an MJ location before, the applicant may be further along on the road to city compliance but they must still complete all inspections, necessary permits, and license issuance procedures.

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CHECKLIST OF REQUIRED DOCUMENTS FOR MEDICAL MARIJUANA BUSINESS (MMB) AND RECREATIONAL MARIJUANA BUSINESS (RMB) LICENSE APPLICATIONS

It is recommended that you retain an attorney to assist you with this application process. NO CITY STAFF MEMBER IS PERMITTED TO PROVIDE ANY LEGAL ADVICE REGARDING THE MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION OR ANY DOCUMENTS SUBMITTED. All documents must be properly executed and must correspond EXACTLY with applicant name. All documents must be typed or legibly printed in ink. YOU MUST SUPPLY AN ORIGINAL AND YOU SHOULD RETAIN ACOPY OF ENTIRE APPLICATION. THE ORIGINAL APPLICATION AND ALL ATTACHMENTS SUBMITTED TO THE CITY SHOULD BE SINGLE SIDED PAGES WITH NO STAPLES OR PAPER/BINDER CLIPS AND THEY MUST BE ON 8 1/2" X 11" PAPER.

You should call the City of Boulder at 303-441-4192 several days prior to the date that you would like to submit to set up an application submittal meeting. At this scheduled meeting time which generally takes about 1 hour, you must submit your complete original license application with all attachments and fees to the City of Boulder in the Municipal Building, Tax and License Division, 1777 Broadway, 1st Floor, Boulder, CO 80302.

Legally incomplete applications will not be accepted and will be returned to you at this intake meeting with instructions of the additional required documents for completion.

City staff note: Only checklist of required documents, city license application, zoning confirmation form, and Attachment F- complete Operating Plan narrative with General premise diagram are uploaded as license application review documents.

Put original application and all attachments in following order:

[ ] **THIS CHECKLIST OF REQUIRED DOCUMENTS-** Completed and marked as to all required documents submitted.

[ ] **CITY LICENSE APPLICATION-** Complete all sections, provide answers to all questions or indicate N/A (Not Applicable), and have signed/print name/title/date by Applicant's authorized representative.

[ ] **ATTACHMENT A:** Applicant Corporation, Partnership, or Limited Liability business formation and organization documents as specified in Boulder Revised Code (B.R.C.).

1. CORPORATE DOCUMENTS (If applicable)

   [ ] Articles of Incorporation - Must be stamped by the Secretary of State.

   [ ] Certificate of Good Standing

   [ ] Certificate of Authority - if foreign company only

   [ ] Minutes of First Board Meeting- For new corporations less than 2 years old

   [ ] List of all officers, directors & stockholders of parent corporation - If applicable

2. PARTNERSHIP DOCUMENTS (If applicable)

   [ ] Partnership agreement (not needed if husband and wife)

[ ] Dissolution of partnership (if applicable)

3. LIMITED LIABILITY COMPANY DOCUMENTS (If applicable)

[ ] Articles of Organization - Must be stamped by the Secretary of State

[ ] Certificate of Good Standing

[ ] Certificate of Authority - If foreign company only

[ ] Copy of Limited Liability Company Operating Agreement

4. CORPORATIONS, PARTNERSHIP AND LIMITED LIABILITY COMPANIES

[ ] For all stockholders, partners, members, or managers listed above that are not natural persons, the same documents as listed above for entity(ies) that serve as a stockholder, partner, member or manager

[ ] ATTACHMENT B: License Background Check and Financial Interest Record forms and Fingerprints for all Owners, Officers, Directors, Partners, Managing Members, Business Managers, Financiers, Primary Caregivers, for persons with Ownership of 10% or More, and for Agents who manage, advise, or are paid more than $1,000 a year in Business Applicant. Evidence of Rehabilitation or Court Documents for Disposition if applicable as specified in B.R.C.

[ ] License Background Check and Financial Interest Record forms for all Owners, Officers, Directors, Partners, Managing Members, Business Managers, Financiers, and Primary Caregivers and for persons with Ownership of 10% or More in Business Applicant.

[ ] Driver's License, State Issued Picture ID, or Passport for Named Person completing form.

[ ] Fingerprint Cards for all of the above persons or parties.

[ ] Evidence of Rehabilitation or Court Documents for Dispositions if applicable.

[ ] ATTACHMENT C: Summary List of all loans, notes, and gifts, for all listed Financiers and executed and complete copies of all loan, note, and gift documents as specified in B.R.C.

[ ] Purchase Agreement- Properly executed by all parties (if applicable).

[ ] Notes & Loans- All assumed, bank or previous owner. Properly executed by all parties (if applicable).

[ ] Gift Letters (if applicable).

[ ] ATTACHMENT D: Lease or Deed, signed by all parties, in proper applicant legal name, and term current as more fully described in B.R.C.

[ ] Deed or Lease properly executed by all parties with all attachments and addendums. Lease may include MMB or RMB business reference or contingency for license denial and must be on 8 1/2 x 11 inch paper.

[ ] Landlord's Clarification letter of acknowledgement of MMB or RMB business tenancy. If premise is leased, the landlord letter should include written authorization from the property owner to allow the city to enter the property for inspections.

[ ] Assignment of Lease - Properly executed by all parties. You must also submit the original lease and all attachments and addendums. (Must be on 8 112 x 11 inch paper) (if applicable).

[ ] Amendment to Lease- executed by all parties, with all attachments, and in exact name of Applicant (if applicable).

[ ] **ATTACHMENT E:** Certificate of Insurance or other document submitted with license application evidence in compliance with B.R.C.

[ ] Certificate of workers' compensation insurance

[ ] Certificate of general liability insurance

[ ] Certificate of property damage insurance

[ ] **ATTACHMENT F:** Operating Plan with products and services description, dimensioned floor plan, good neighbor plan, and mold and wastewater discharge plan (if any) in B.R.C. **(please complete attached template for type of applied for license).**

[ ] **ATTACHMENT G**: Security Plan with Confidential Portions Marked and Confidentiality Reason Identified as specified in B.R.C. **(please complete attached template for all license applications).**

[ ] **ATTACHMENT I:** Business License for Sales and Use Tax Application with Zoning Confirmation Form for location approval completed in accordance with B.R.C.

[ ] **ATTACHMENT J:** Bank Records for the last 3 months for an existing business of all checking, savings, and other bank accounts where those bank accounts include deposits and expenditures for business-related activities, including without limitation, all sales and use taxes paid to the state and the city, purchase of inventory and equipment, and payment of owners and employees. This applies to the business entity submitting the Medical Marijuana Business License Application. Please note that maintenance of complete books and records of the above business accounting is an on-going obligation of a licensee and that such records are subject to review and audit by City Finance department.

[ ] **PAYMENT OF ALL FEES FOR LICENSE APPLICATION** REQUIRED BY BRC 4-20-64.

FOR MMB LICENSE APPLICATIONS:

[ ] Non-refundable Application Fee in the amount of $4,500 should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER,

[ ] License Fee in the amount of$2,075 should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER,

[ ] Fingerprint card processing fee required should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER, $39.50/per fingerprint card. (e.g. l=$39.50 2=$79.00 3=$118.50 4=$158.00 5=$197.50 6=$237.00)

[ ] Sales Tax Application for Business License & Zoning Confirm form: $25 to CITY OF BOULDER.

[ ] For MMB Greenhouse/Grows, Wastewater Payment for $100 to CITY OF BOULDER, INDUSTRIAL PRETREATMENT PROGRAM.

FOR RMB LICENSE APPLICATIONS:

[ ] Application Fee in the amount of $2,500 received by City from State MED and should be made payable to: CITY OF BOULDER,

[ ] License Fee in the amount of$2,475 should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER,

[ ] Operating fee in the amount of $2,000 + $1 for each plant over 1,000 plants for Grows and which should be should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER,

[ ] Fingerprint card processing fee required should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER, $39.50/per fingerprint card. (e.g. l=$39.50 2=$79.00 3=$118.50 4=$158.00 5=$197.50 6=$237.00)

[ ] Sales Tax Application for Business License & Zoning Confirm form: $25 to CITY OF BOULDER.

[ ] For RMB Greenhouse/Grows, Manufacture Infused Product and Testing Facility applications, Wastewater Payment for $100 to CITY OF BOULDER, INDUSTRIAL PRETREATMENT PROGRAM.

PLEASE NOTE: AS PART OF CITY REVIEW, APPLICANT WILL NEED TO PROVIDE FURTHER INFORMATION IN OTHER FORMS TO BUILDING SERVICES FOR BUILDING PERMITS AND FOR CITY STAFF PLAN REVIEWS.

IF MMB OR RMB LICENSE APPLICATION IS APPROVED IN ACCORDANCE WITH THIS APPLICATION PROCESS, A LETTER OF COMPLETION INDICATING PROPER BUILDING PERMIT COMPLETION AND A COMPLETE BUSINESS PREMISE INSPECTION WITH CITY INSPECTION TEAM, INCLUDING POLICE, FIRE, CODE INSPECTION FOR BUILDING, AND LICENSING WITH WRITTEN INSPECTION APPROVAL BY EACH DEPARTMENT, AND RECEIPT BY THE CITY OF AN APPROVED STATE LICENSE WILL BE REQUIRED BEFORE APPROVAL, ISSUANCE AND RELEASE OF A CITY LICENSE AND BEFORE ANY PLANTING, STOCKING OR SALE OF MJ PRODUCT CAN OCCUR.

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) _____
  - 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: _____ _____

- (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 seperate 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:

_____

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

_____

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

_____ _____

- 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

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
1777 Broadway, P.O. Box 791
Boulder, Colorado 80302
303 -441- 4192

CITY OF BOULDER MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION
CHAPTER 6-14, BOULDER REVISED CODE

This Application is for the following Premise Location License Type (please check only 1 license type and file a separate complete MMB license application if another license type is also applicable):

[ ] Dispensary/Wellness Center [ ] Greenhouse Nursery/Grow

"Applicant" is defined as Legal Name of Individual or Business Entity that will hold license if approved.

☐ New License [$4,500 Application & $2,075 License Fee] ☐ License Renewal [$2,440 Application & $1,040 License Fee] [ ] Transfer [$4,500 Application/ for City Licensees Only]

Applicant is applying as (attach organizational documents):

☐ Corporation ☐ Individual ☐ Partnership
☐ Limited Liability Company ☐ Association or Other

Applicant Name: _____

Trade Name of Establishment (doing business as) _____

Address of Premise Location _____
Street Address City State Zip Code

Business Mailing Address (if different from Premise location) _____
Street Address City State Zip Code

Business Telephone _____ Business Email Address _____

City Sales & Use Tax License No. _____ State Sales Tax License No. _____ FEIN No. _____

1. Applicant Ownership and Management Structure (not required for Renewals unless there are Amendments).

(A) The Applicant must provide the name and address of ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, FINANCIERS, PRIMARY CAREGIVERS, AND ALL OTHER INDIVIDUALS NAMED IN THE APPLICATION,. If necessary, provide additional information on a separate sheet.

NAME	MAILING ADDRESS, CITY STATE, ZIP	POSITION	% OWNED

Name of on-site business manager for licensed premises:

_____ Business Cell Phone Number: _____

Are any of the individuals or persons listed above with the Applicant under 21 years of age? _____ Yes _____ No

Attach as Attachment J Bank Records for the last 3 months for an existing business of all checking, savings, and other bank accounts where those bank accounts include deposits and expenditures for business-related activities, including without limitation, all sales and use taxes paid to the state and the city, purchase of inventory and equipment, and payment of owners and employees. This applies to the business entity submitting the Medical Marijuana Business

License Application. Please note that maintenance of complete books and records of the above business accounting is an on-going obligation of a licensee and that such records are subject to review and audit by City Finance department.

(B) In addition, all of the above named individuals, MUST ALSO BE FINGERPRINTED, MUST PROVIDE A BACKGROUND CHECK AND FINANCIAL INTERESTS RECORD FORM, MUST UNDERGO A BACKGROUND CHECK, and provide any other documentation permitted by Chapter 6-14, B.R.C. evidencing good moral character.

2. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies etc.) has loaned, will loan or give money, inventory, furniture or equipment to or for use in this business or who will receive money from this business. Attach a separate sheet if necessary (not required for Renewals unless there are Amendments).

NAME	TITLE	% OWNED	BACKGROUND INCLUDED?

Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.

3. Has any person listed in response to questions 1 or 2 ever been convicted of a felony or charged or found liable in any civil or administrative proceedings for violations of any law, rule or regulation in federal, state, court or other body with jurisdiction? _____ Yes _____ No

4. Has any person listed in response to questions 1 or 2 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

5. Has any person listed in response to questions 1 or 2 ever been convicted of a crime or completed any portion of a criminal sentence in a federal, state, or other court or charged or found liable in any civil or administrative proceeding for violations of any law, rule or regulation? _____ Yes _____ No

If the answer is yes to questions 3 to 5 for violations of law, please provide the information on the below chart: (if necessary, provide additional information on a separate sheet)

Person's Name	Name and Location of Court	Charge alleged	Sentence or Disposition	Date of Sentencing or Disposition	Last date of incarceration /parole/probation/monitor payment of fines or fees

6. Has any individual listed in response to questions 1or 2 been denied an application for a medical marijuana business or had a medical marijuana business license revoked by any jurisdiction? ___Yes __No
Explain:_____

7. Has any individual listed in response to questions 1or 2 had a liquor license denied, suspended or revoked by any jurisdiction? ___ Yes __No
Explain:_____

8. Has any individual listed in response to questions 1or 2 had a professional or other license denied, suspended or revoked by any jurisdiction? ___ Yes __No

Explain:_____

_____

_____

9. Does any individual listed in response to questions 1 or 2 hold or ever held a Medical Marijuana Business License in Boulder or any other jurisdiction? ___ Yes __No

Name: _____ Address:_____

Type of Business: _____ Date/ License #: _____

Explain:_____

_____

_____

10. Has any individual listed in response to questions 1 or 2 had a business temporarily or permanently closed for failure to comply with any health or safety law?

___ Yes __No

Explain:_____

_____

_____

11. Has any individual listed in response to questions 1 or 2 had an administrative, civil, or criminal finding of delinquency for failure to pay sales or use tax, or any other tax?

___ Yes __No

Explain:_____

_____

_____

12. Does the Applicant have legal possession of the proposed licensed premises for at least 12 months from the date that this MMB license application was filed by virtue of ownership, lease or other arrangement? Applicant must provide copy of recorded Deed, or signed Lease or Other possession evidence.

____Ownership ____ Lease ____Other (explain in detail- use extra sheet) _____

If leased, list name of landlord and tenant, and date of expiration EXACTLY as they appear on the lease:

Landlord	Tenant	Expires

If premises are leased, attach written lease allowing a medical marijuana business in space or landlord letter.

13. Is this proposed premise location the only location that is affiliated with this business? ___ Yes ___ No

If there is another location associated with this business entity, please list all other premise location addresses both in and outside of Boulder (i.e. all dispensaries, grow locations and MIPs which operate in concert to form this business entity):

_____

_____

14. Are the premises to be licensed within 1,000 feet of any school, university, licensed child care center, or addiction recovery facility? ___Yes __No

15. Is this proposed premise within 500 feet of any other marijuana business, in a mixed use development, or the Mall proper or in the University Hill commercial area? __Yes __No

Applicant should be conversant with BRC Chapter 6-14 on Medical Marijuana and should answer questions on local laws:

16. Does the Applicant propose to have retail sales of medical marijuana infused products? ___ Yes __No

If yes, what items will be sold? _____

17. Describe how applicant will offset its electrical consumption with renewable energy at its Medical Marijuana business location: _____

18. If applicant will sell medical marijuana, describe the other caregiver services that will be provided to patients in compliance with Boulder's required definition for Wellness Centers other personal services: _____

_____

19. Has the Applicant implemented the Neighborhood Responsibility Plan submitted with this application?
. ___ Yes ___ No

20. If Applicant intends to operate as a greenhouse/ nursery or a manufacturing use, is the plan to prevent mold and wastewater discharge attached to this application? ___ Yes ___ No

21. Is Applicant familiar with Boulder's laws regarding medical marijuana and agree to comply with all of its requirements and prohibitions? ___ Yes ___ No

22. Has Applicant had proper ventilation for filtration of product odor inspected and approved as required by City of Boulder? ___ Yes ___ No

23. Does Applicant have a statement on the amount of projected daily average and peak electrical load for the business and a certification from the landlord and the utility provider that the business location is equipped to meet those requirements? ___ Yes ___ No

24. Will the applicant maintain 30 days of video recordings in an off-site location in the city or through a service over a network that provides on demand access? ___ Yes ___ No

25. State the name and contact information for the company monitoring the alarm system for the MMB_____

Related to City Business License and Business Operations, the Applicant should answer the Following:

26. Does the Applicant already have or have applied for a City sales and use tax license? ____ Yes ____No

If yes, what is the Issued Date _____ OR Application filing date _____ of the City license?

27. Anticipated Business Opening Date: _____

28. If Applicant is a business entity, provide Registered Agent's Name, electronic mail address, and Street Mailing Address:

_____

_____

Registered Agent's Name, Street Mailing Address and electronic mail address Included above

Applicant Name: _____ Trade Name: _____

Premise Address: _____

Application Contact Name (please print): _____

Two (2) Application Contact Business Cell Phone Numbers: _____

Two (2) Application Contact Business E-mail Addresses: _____

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH NEW LICENSE APPLICATIONS BUT NOT REQUIRED FOR ANNUAL RENEWAL APPLICATIONS UNLESS THERE ARE CHANGES.

For Renewals, are there changes to submitted original Attachments A to J? ____Yes ___ No

_____ Renewing Representative's Initials

If so, then Licensee should submit new ATTACHMENTS to properly report any and all changes.

STAFF REVIEW DATABASE DOCUMENTS: Checklist of Required Documents, City License Application, Zoning Locate Review Form, and Attachment F-Operating Plan entire and General Floor Plan diagram.

ALL ATTACHMENTS IN HARD COPY FORM

ATTACHMENT A: Applicant Corporation, Partnership, or Limited Liability business formation documents, management agreements, and operation agreements as specified in B.R.C. 6-14-5 (a) (1) (C).

ATTACHMENT B: Background Check and Financial Interests Reports, Fingerprints, and Identification copies for all Owners, Officers, Directors, Partners, Managing Members, Business Managers, Financiers, and Primary Caregivers and individuals named in the application. Evidence of Rehabilitation or Court Documents for Disposition if applicable as specified in B.R.C.6-14-5 (a) (10) and 6-14-5 (b).

ATTACHMENT C: Summary List of all loans, notes, and gifts, and executed and complete copies of same as specified in B.R.C. 6-14-(a) (2).

ATTACHMENT D: Lease or Deed to Business Premise, signed by all parties, term current, & valid for 1 year from License Issuance as specified in B.R.C. 6-14-5 (a) (4)

ATTACHMENT E: Insurance Certificate or compliance evidence with B.R.C. 4-1-8 as in B.R.C. 6-14-5 (a) (5)

ATTACHMENT F: Operating Plan with products and services description, dimensioned floor plan, neighborhood responsibility plan, ingestible items production (if any), and mold and wastewater discharge plan (if any) as specified in B.R.C. 6-14-5 (a) (6).

ATTACHMENT G: Security Diagram and Text Explanation with Confidential Portions Marked and Confidentiality Reason Identified as specified in B.R.C. 6-14-5 (a) (7), including the location of the off-site camera recordings and the identity of the alarm system monitoring company.

ATTACHMENT H: Lighting Diagram and Text Explanation for Premises as specified in B.R.C. 6-14-5 (a) (8).

ATTACHMENT I: Business License for Sales tax with Zoning Confirm Form; B.R.C. 6-14-5 (a) (9) & 6-14-7 et seq.

ATTACHMENT J: Business Entity Bank Records for the last 3 months for an existing business of all checking, savings, and other bank accounts where those bank accounts include deposits and expenditures for business-related activities, including without limitation, all sales and use taxes paid to the state and the city, purchase of inventory and equipment, and payment of owners and employees. This applies to business entity submitting Application. Please note that maintenance of complete books and records of above business accounting is an on-going obligation of a licensee and that such records are subject to review and audit by City Finance department.

PAYMENT OF ALL FEES AS REQUIRED BY B.R.C. 4-20-64.

Oath of Application

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

FOR CITY INTERNAL USE ONLY: CITY ASSIGNED MMB LICENSE NO: _____

APPLICANT NAME: _____ TRADE NAME: _____

PREMISE ADDRESS & SUITE/UNIT NUMBER: _____

PLANNING/ZONING (Date Sent: ___) AS TO BUSINESS DENSITY, DISTANCE MEASUREMENT, & ALLOWED ZONING MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: _____APPROVED _____DENIED

BASIS FOR RECOMMENDATION:_____

_____

City Staff's Name | Title | Date

CITY SALES TAX DEPARTMENT (Date Sent: ____) AS TO CITY SALES AND USE TAX LICENSE AND TAX REMITTANCE

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: ____APPROVED ____DENIED

FILING DATE OF INITIAL SALES AND USE TAX LICENSE: _____

BASIS FOR RECOMMENDATION:_____

City Staff's Name | Title | Date

BOULDER POLICE DEPARTMENT (Date Sent:____) AS TO BACKGROUND CHECK, OPERATING PLAN, SECURITY PLAN, LIGHTING PLAN AND OPERATING CHARACTERISTICS

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: ____APPROVED ____DENIED

BASIS FOR RECOMMENDATION:_____

_____

City Staff's Name | Title | Date

FIRE DEPARTMENT (Date Sent: _____) AS TO OPERATING PLAN, SECURITY PLAN, LIGHTING PLAN AND OPERATING CHARACTERISTICS FOR PREMISE AND OCCUPANCY

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: ____APPROVED ____DENIED

BASIS FOR RECOMMENDATION: _____

_____

City Staff's Name | Title | Date

BUILDING SERVICES (Date Sent: _____) AS TO BUILDING PLANS/ PERMITS, PROPER CONSTRUCTION, AND LOCATION COMPLIANCE HISTORY FOR RENEWALS

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: ____APPROVED ____DENIED

BASIS FOR RECOMMENDATION: _____

_____

City Staff's Name | Title | Date

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, BUSINESS MANAGERS, 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.

Name(s) of Relative	Relationship to you	Position Held	Licensee Name

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? ___ Yes __No

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.

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

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

City of Boulder - Finance Department
Tax and License Office; #303-441-3050
P.O. Box 791; 1777 Broadway
Boulder, Colorado 80302
www.bouldercolorado.gov/licensing

Official Use Only:
Lot size _____ Zoning _____
Zoning Review ____Approved____Denied
Signature _____

Owner Name _____
DBA (Doing Business As) _____
Business Address _____
City/State/Zip _____

Type of Location (Check one) ○ Commercial ○ Home Based *
(*Note: Home Based, Restaurant, Medical Marijuana, or Alcohol Businesses must also complete Zoning Form)

Type of Business (Check One)
○ Sole Proprietor ○ Corporation ○ Limited Liability Company
○ Partnership ○ Limited Liability Partnership
○ Other (Explain _____

Nature of Business (Describe Briefly) _____

Phone ( ) _____ FAX( ) _____ E-Mail _____

Start of Business Operation in Boulder _____/_____/_____ (Month/Day /Year - REQUIRED)

Contact for Audit Records _____
Name: _____ Phone: ( ) _____
Address: _____

TYPE OF LICENSE

☐ Sales & Use Tax License ($25)
(For reporting purposes, please check all categories that apply)
☐ Retail ☐ Restaurant
☐ Wholesale ☐ Contractor
☐ Service ☐ Manufacturing

☐ Admission License ($25)
Seating Capacity _____

☐ Accommodation License ($25)
Number of Rooms _____

FILING PERIOD (Please indicate which filing period applies)

If amount remitted is:	Filing period is:
○ Over $300 per month	Monthly
○ $15.01 - $300 per month	Quarterly
○ Up to $15 per month	Annual

SIC CODING (Please check the category(ies) that best describes your business activity. See General Information Regarding) Please note that the categories below may differ from the use categories found in the City of Boulder's Land Use Regulations.

- ☐ Food Stores (5400)
- ☐ Eating Places (5800)
- ☐ Apparel Stores (5600)
- ☐ Home Furnishings (5700)
- ☐ Consumer Electronics (5734)
- ☐ Building Material – Retail (5200)
- ☐ Automotive Trade (5500)
- ☐ General Retail (5900)
- ☐ Computer Related Business (3573/7371-7379)
- ☐ Transportation/Utilities (4000)
- ☐ Services (7000)
- ☐ Construction/Contractors (15/16/1700)
- ☐ Hotels/Lodging (7060)
- ☐ Admissions (7970)
- ☐ Wholesalers
- ☐ Manufacturers
- ☐ Other not listed above

Please provide a **detailed description** of the nature of your business:

OWNER INFORMATION

Owner Name (Last, First) _____

Address _____

City/State/Zip _____

Phone ( ) _____ FAX ( ) _____ E-Mail _____

MAIL TO AND CONTACT PERSON/COMPANY

Contact Name (Last, First) _____

Address _____

City/State/Zip _____

Phone ( ) _____ FAX ( ) _____ E-Mail _____

OTHER INFORMATION

Federal ID # or Social Security # _____

State Tax License # _____

(You will also need to contact the Colorado Department of Revenue for a State Sales Tax License).

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true correct and complete.

Signature _____ Date _____

Title _____

Please make checks payable to "City of Boulder"

*** It may take up to 4 weeks for licensure ***

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: _____

Last Updated 11/15/11

☐ ___ **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 carries 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

FOR MIP, TESTING, AND GROW LOCATIONS ONLY

CITY OF BOULDER

PUBLIC WORKS/UTILITIES
P. O. Box 791
Boulder, CO 80306

Water Quality and Environmental Services

4049 75th St., Boulder, 80301
Administration: 303-413-7350
Fax#: 303-413-7373

Stormwater Quality
Industrial Pretreatment
Wastewater/Environmental Lab

5605 63rd St., Boulder, 80301
Fax#: 303-530-1137

Drinking Water 303-413-7400
Water Conservation 303-413-7407

Wastewater Classification Survey

DIRECTIONS: All industrial users of the City of Boulder wastewater utility system are required to submit a completed Wastewater Classification Survey as required by the Boulder Revised Code Title 11 Chapter 3. The user is required to update the survey whenever significant changes are made in an industrial operation or process.

All industrial users must complete Section A through E and Section J. If wastewater is generated from sources other than restrooms, cafeterias, or food preparation areas, you must complete all sections.

Please return the completed survey along with payment of $100.00 to:

City of Boulder, Industrial Pretreatment Program
4049 75th St., Boulder, CO 80301

A. General Information

1. Business Name of Applicant: _____
2. Mailing Address: _____
3. Site Address: _____
4. Contact Information: _____

Name	Title	Phone	E-Mail

5. Existing Discharge ☐ Proposed Discharge ☐ Proposed Discharge Date: _____

B. Product / Service Information

1. Check all activities which are present at your facility:

☐ Assembly	☐ Food Processing	☐ Medical Care	☐ Photo Processing
☐ Biotechnology	☐ Gas Station	☐ Metal Finishing	☐ Repair Shop
☐ Chemical Manufacturing	☐ Government	☐ Office Unit	☐ Research
☐ Cooling Towers	☐ Laboratory	☐ Paint / Stripping / Finishing	☐ Restaurant
☐ Education / Vocation	☐ Laundry / Dry Cleaning	☐ Photography	☐ Retail Trade
☐ Electroplating	☐ Leather Tanning / Finishing	☐ Plant Wash Down	☐ Warehouse
☐ Engraving / Coating	☐ Machine Shop	☐ Plastics / Molding / Forming	☐ Wholesale Trade
☐ Flammable / Explosives	☐ Manufacturing	☐ Printing	☐ Wood Preserving / Finishing
☐ _____	☐ _____	☐ _____	☐ _____

2. Give a brief description of the operations at this facility including primary products or services:

_____

3. List applicable Standard Industrial Classification (SIC) code(s) for all processes. If more than one applies, list in descending order of importance.

   a. _____ b. _____ c. _____ d. _____

4. List principle raw materials used.

5. List any catalysts or intermediates if used or produces

C. Plant Operational Characteristics

1. Shift Information

	1st:	2nd:	3rd:
Shift start / end times:			
Avg. number of employees each shift:			
Days that shift is worked:			

2. Is operation subject to seasonal variation? Yes ☐ No ☐ Months of Peak Operation: _____

3. Are there shutdowns for vacation, maintenance, or other reasons? Yes ☐ No ☐ Period When Shut-Down Occurs: _____

4. Are Major Processes: Continuous ☐ Batch ☐ Number of Batches per Day: _____

D. Water Use

1. Water Sources: City of Boulder ☐ Private Well ☐ Other Water District: ☐ _____

2. Name on water bill: _____ Water Account Number: _____

3. If water is supplied by property owner, give name, address, and phone number.

   Name: _____

   Address: _____

   Phone: _____

4. List approximate water consumption in facility:

Equipment Type	Water Usage (gpd)	Equipment Type	Water Usage (gpd)
Boiler Feed		Rinse Water	
Cooling Water		Sanitary System	
Evaporation		Plant / Equipment Washdown	
Contained in Product		Other:	
Process Water		Other:	
Total Daily Water Usage:			

E. Wastewater Discharge

1. Is discharge to the sewer: Intermittent ☐ Steady ☐

	Yes	No
2. Does this facility generate any wastewater other than from restrooms, cafeterias, or food preparation areas?	☐	☐
3. Are there any changes proposed which will cause generation of wastewaters other than from restrooms, cafeterias, or food preparation areas?	☐	☐

If Yes, explain proposed changes and date they will become effective: Date:

If the answer to either question E-2 or E-3 is yes, please complete the entire survey. If not, you may skip to Section I.

F. Wastewater Generation and Information

1. Attach a diagram of the facility, indicating each area where wastewater is generated and disposed. Identify floor drains, sinks, locations of internal or external sewers, and locations of sampling points, if any, for each drainage area. Assign a unique name or number to each process area or drainage point. (001, metal finish, etc) ☐

2. Briefly describe individual industrial processes generating wastewater (excluding boiler and cooling wastewater.) Also, indicate approximate quantity of wastewater discharge from each process in gallons per day.

	Description of Area or Process:	Drainage Area Ref # (from diagram):	Discharge Volume (gpd):
a.			
b.			
c.			
d.			

Attach additional sheets if necessary.

3. For each drainage area (from F-1) indicate the type and quantity of the constituents that are or could be present in wastewater discharges as a result of process operation.

Drainage Area Reference #	Constituent	Flow (gpd)	Concentration (mg/L)
	Algicide		
	Ammonia		
	Chlorides		
	Cyanide		
	Disinfectants		
	Dissolved Metals*		
	Flammable Substances		
	Fluorides		
	High pH (caustics, etc)		
	High Temperature Wastes		
	Hydrocarbons		
	Low pH (acids, etc)		
	Nitrates		
	Nitrites		
	Oil or Grease (animal or vegetable origin)		
	Oil or Grease (petroleum or mineral origin)		
	PCB's		
	Phenols		
	Phosphorus		
	Radioactive Substances		
	Rubber, Latex, Plastic, Glass, etc.		
	Salt Brines		
	Shredded Garbage		
	Solvents		
	Sulfates		
	Sulfides		
	Surfactants (detergents)		
	Wastes high in organic content		

* Metals include: Arsenic (As), Beryllium (Be), Cadmium (Cd), Chromium (Cr), Copper (Cu), Lead (Pb), Manganese (Mn), Mercury (Hg), Molybdenum (Mo), Nickel (Ni), Selenium (Se), Silver (Ag), and Zinc (Zn).

4. Identify any solutions or chemicals used in processing (not covered above) that are discharged to the city sewer.

Drainage Area Reference #	Constituent	Flow (gpd)	Concentration (mg/L)

Drainage Area Reference #	Constituent	Flow (gpd)	Concentration (mg/L)

5. Estimate the loads contributed from process wastewater discharge for the following constituents:

	Daily Max (lbs/day)	7-Day Max (lbs/day)	30-Day Max (lbs/day
5-day Biochemical Oxygen Demand (BOD5)			
Total Suspended Solids (TSS)			
Ammonia (NH3-N)			
Total Kjeldahl Nitrogen (TKN)			

G. Wastewater Pretreatment

1. Are any forms of wastewater pretreatment (See list below) practiced at this facility? Yes ☐ No ☐

   If NO, skip question G-2 and proceed to Section I.

2. For each waste stream treated before discharge, check the appropriate boxes for types of pretreatment used at this facility:

Type of Pretreatment	Drainage Area Reference # (from diagram in F-1)						
Biological	☐	☐	☐	☐	☐	☐	☐
Chemical Addition	☐	☐	☐	☐	☐	☐	☐
Equalization	☐	☐	☐	☐	☐	☐	☐
Filtration	☐	☐	☐	☐	☐	☐	☐
Gasoline Trap	☐	☐	☐	☐	☐	☐	☐
Grease Trap	☐	☐	☐	☐	☐	☐	☐
Ion Exchange	☐	☐	☐	☐	☐	☐	☐
Metal Precipitation	☐	☐	☐	☐	☐	☐	☐
Neutralization / pH Adjust.	☐	☐	☐	☐	☐	☐	☐
Oil Separation	☐	☐	☐	☐	☐	☐	☐
Other (Specify)	☐	☐	☐	☐	☐	☐	☐
Reverse Osmosis	☐	☐	☐	☐	☐	☐	☐
Sand Trap	☐	☐	☐	☐	☐	☐	☐
Sedimentation	☐	☐	☐	☐	☐	☐	☐
Silver Recovery	☐	☐	☐	☐	☐	☐	☐
Solvent Recovery	☐	☐	☐	☐	☐	☐	☐

3. Attach diagrams of all pretreatment systems. Each diagram should include a schematic of the pretreatment system an all related inputs and outputs. Be sure to detail the incoming process waste streams (average daily flows and potential pollutants) and include any waste streams generated during treatment that are then returned for treatment (i.e., filter press filtrate). Please show all outputs (i.e., hazardous waste generated and water returned for reuse. ☐

H. EPA Priority Pollutant Information

1. For each chemical listed below that is used in your manufacturing or generated as a by-product, please indicate whether the chemical is discharged to the municipal sewer system or is used but not discharged to the sewer.

Item No.	Chemical Compound	Discharged	Used but NOT Discharged
1	Asbestos (fibrous)	☐	☐
2	Cyanide (total)	☐	☐
3	Antimony (total)	☐	☐
4	Arsenic (total)	☐	☐
5	Beryllium (total)	☐	☐
6	Cadmium (total)	☐	☐
7	Chromium (total)	☐	☐
8	Copper (total)	☐	☐
9	Lead (total)	☐	☐
10	Mercury (total)	☐	☐
11	Nickel (total)	☐	☐
12	Selenium (total)	☐	☐
13	Silver (total)	☐	☐
14	Thallium (total)	☐	☐
15	Zinc (total)	☐	☐
16	Acenaphthene	☐	☐
17	Acenaphthylene	☐	☐
18	Acrolein	☐	☐
19	Acrylonitrile	☐	☐
20	Aldrin	☐	☐
21	Anthracene	☐	☐
22	Benzene	☐	☐
23	Benzidine	☐	☐
24	benzo (a) anthracene	☐	☐
25	benzo (a) pyrene	☐	☐
26	benzo (b) fluoranthene	☐	☐
27	benzo (g,h,I) perylene	☐	☐
28	benzo (k) fluoranthene	☐	☐
29	a-BHC (alpha)	☐	☐
30	b-BHC (beta)	☐	☐
31	d-BHC (delta)	☐	☐
32	g-BHC (gamma)	☐	☐
33	bis(2-chloroethyl) ether	☐	☐
34	bis(2-	☐	☐

Item No.	Chemical Compound	Discharged	Used but NOT Discharged
	chloroethoxy)methane		
35	bis(2-chlorisopropyl)ether	☐	☐
36	bis(2-ethylhexyl)phthalate	☐	☐
37	bromoform	☐	☐
38	4-bromophenylphenyl ether	☐	☐
39	butylbenzyl phthalate	☐	☐
40	carbon tetrachloride	☐	☐
41	chlordane	☐	☐
42	chlorobenzene	☐	☐
43	chlorodibromomethane	☐	☐
44	chloroethane	☐	☐
45	2-chloroethylvinylether	☐	☐
46	chloroform	☐	☐
47	2-chloronapthalene	☐	☐
48	2-chlorophenol	☐	☐
49	4-chlorophenylphenyl ether	☐	☐
50	chrysene	☐	☐
51	4,4' DDD	☐	☐
52	4,4' DDE	☐	☐
53	4,4' DDT	☐	☐
54	dibenzo (a,h) anthracene	☐	☐
55	dichlorobromothane	☐	☐
56	1,2-dichlorobenzene	☐	☐
57	1,3-dichlorobenzene	☐	☐
58	1,4-dichlorobenzene	☐	☐
59	3,3'-dichlorobenzidene	☐	☐
60	1,1-dichloroethane	☐	☐
61	1,2-dichloroethane	☐	☐
62	1,1-dichloroethylene	☐	☐
63	1,2-trans-dichloroethylene	☐	☐
64	2,4-dichlorophenol	☐	☐
65	1,2-dichloropropane	☐	☐
66	1,3-dichloropropylene	☐	☐

Item No.	Chemical Compound	Discharged	Used but NOT Discharged
67	dieldrin	☐	☐
68	diethyl phthalate	☐	☐
69	2,4-dimethylphenol	☐	☐
70	dimethyl phthalate	☐	☐
71	di-n-butyl phthalate	☐	☐
72	di-n-octyl phthalate	☐	☐
73	4,6-dinitro-o-cresol	☐	☐
74	2,4-dinitrophenol	☐	☐
75	2,4-dinitrotoluene	☐	☐
76	2,6-dinitrotoluene	☐	☐
77	1,2-diphenylhydrazine	☐	☐
78	alpha-endosulfan	☐	☐
79	beta-endosulfan	☐	☐
80	endosulfan sulfate	☐	☐
81	endrin	☐	☐
82	endrin aldehyde	☐	☐
83	ethylbenzene	☐	☐
84	fluroranthene	☐	☐
85	fluorene	☐	☐
86	heptachlor	☐	☐
87	heptachlor epoxide	☐	☐
88	hexachlorobenzene	☐	☐
89	hexachlorobutadiene	☐	☐
90	hexachlorocyclopentadiene	☐	☐
91	hexachloroethane	☐	☐
92	indeno (1,2,3 -cd) pyrene	☐	☐
93	isophorone	☐	☐
94	Methyl bromide	☐	☐
95	Methyl chloride	☐	☐
96	methylene chloride	☐	☐

Item No.	Chemical Compound	Discharged	Used but NOT Discharged
97	naphthalene	☐	☐
98	nitrobenzene	☐	☐
99	2-nitrophenol	☐	☐
100	4-nitrophenol	☐	☐
101	n-nitrosodimethylamine	☐	☐
102	n-nitrosodi-n-propylamine	☐	☐
103	n-nitrosodiphenylamine	☐	☐
104	PCB-1016	☐	☐
105	PCB-1221	☐	☐
106	PCB-1232	☐	☐
107	PCB-1242	☐	☐
108	PCB-1248	☐	☐
109	PCB-1254	☐	☐
110	PCB-1260	☐	☐
111	p-chloro-m-cresol	☐	☐
112	pentachlorophenol	☐	☐
113	phenanthrene	☐	☐
114	phenol	☐	☐
115	pyrene	☐	☐
116	1,1,2,2-tetrachloroethane	☐	☐
117	tetrachloroethylene	☐	☐
118	toluene	☐	☐
119	toxaphene	☐	☐
120	1,2,4-trichlorobenzene	☐	☐
121	1,1,1-trichloroethane	☐	☐
122	1,1,2-trichloroethane	☐	☐
123	trichoroethylene	☐	☐
124	2,4,6-trichlorophenol	☐	☐
125	vinyl chloride	☐	☐

2. List those chemical compounds indicated in the previous question as being discharged and provide the following information.

Item No.	Chemical Compound	Annual Usage	Discharge Concentration

L. Non-Discharge Wastes

1. Are there any liquid wastes or sludges generated at this facility? Yes ☐ No ☐

   If NO, skip the remainder of Section I and proceed to Section J.

   If YES, check the following items that best describe the waste and identify the quantity generated.

	Waste	Units Per Month		Waste	Units Per Month
☐	Grease		☐	Plating wastes	
☐	Oil		☐	Pretreatment Sludge	
☐	Solvent		☐	Pesticides	
☐	Inks / Dyes		☐	Waste Product	
☐	Paints		☐	Other (Specify)	
☐	Thinner		☐		
☐	Acids & Alkalies		☐		

2. How are the wastes checked above removed from the facility?

   ☐ Placed with trash for disposal

   ☐ Treated, stored, or disposed of on-site (specify) _____

   ☐ Removed by an outside hazardous waste hauler to a waste management facility.

3. Does the facility have an EPA Identification number? Yes ☐ EPA ID #: _____ No ☐

4. If an outside firm removes or disposes of any of the above checked wastes, state the name(s) and addresses of all waste haulers. Indicate the wastes picked up and the frequency.

	Waste Hauler Name	Address	Type of Waste	Frequency of Pick-Up
a.				
b.				
c.				
d.				

   Attach additional sheets if necessary.

5. Is a chemical spill control plan prepared for the facility? Yes ☐ No ☐

J. Certification

Note to signing official: Information and data identifying the nature and frequency of a discharge to the wastewater utility shall be available to the public. Requests for confidential treatment of information, other than discharge data, shall be made according to procedures outlines in Section 11-3-16(b) of the Boulder Revised Code.

I hereby certify that the information found in this application is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

Printed Name	Title	Signature	Date

"Authorized representative of industrial user means either a principal executive officer of at least the level of vice-president, if the industrial user is a corporation; a general partner or proprietor, if the industrial user is a partnership or proprietorship; or a duly authorized representative, if such representative is responsible for the overall operation of the facilities from which any direct or indirect discharge originates." – Boulder Revised Code 11-3-2