NEW APPLICATION AND PERMANENT MODIFICATION
MMB LICENSE APPLICATION INTERNAL PROCESS

1. ***Action*: Complete MMB license application or Change form for perm. modifications accepted by licensing**
   Applicant submits legally complete license application or Change form for perm. modifications with zoning form.

For new licenses, Licensing runs CBI background check online for preliminary results and mails fingerprint cards to CBI for processing (FBI results can take up to 2 months) for new applications. With MMB license application, Applicant provides new sales tax for business license application with completed P and DS zoning form attached and Licensing area provides same to sales tax area. Sales Tax area routes new business license application with zoning form as it usually would to zoning for sales tax licenses. Zoning responds back with answer on sales tax application as to if zoning location is approved. After zoning approval, Sales tax provides zoning form to Licensing that zoning is allowed and that sales tax for business license can be approved for new applications and Licensing makes time/date stamped copy for applicant.
For perm. modifications, Licensing makes a copy of the zoning form for applicant immediately. In either case, Licensing provides for pick up or take way a time/date stamped copy of the zoning form so that applicant can apply for building permits.

***Proof*: Time/date stamped copy of zoning form attachment for Sales tax for business license**
Licensing provides applicant with a copy of a date & time-stamped of zoning form document. Applicant provides this to P&DS when submitting plans for building permit application.

2. ***Action*: Applicant submits plans for building permit, permit issued, premise built**
   Applicant applies for building permits and the plans are reviewed for zoning, planning, and building services. Once approved, applicant picks up permits and builds premise. Premise is inspected by building inspectors and Fire Department (and re-inspected as necessary) and receives final inspection sign-off/compliance letters showing all work is complete. Applicant completes entire building process before application will proceed forward.

***Proof*: Letter of completion from P&DS**
Applicant requests letter of completion from P&DS as proof that P&DS and Fire have approved the MMB premise. Applicant drops off, emails or faxes a copy of the letter of completion and the final, complete general floor plan and security diagrams to the licensing office.

3. ***Action*: Sales Tax, FBI results reviewed, inspection scheduled**
   Licensing schedules premise inspection for Police Department and Licensing (and Fire if they wish to inspect). Licensing checks with Sales tax to make sure that applicant has a sales tax license for businesses set up for a sales & use tax account in good standing. PD and Licensing complete walk-through and provide applicant with an inspection checklist noting deficiencies and a time frame to resolve. PD completes re-inspections as needed to confirm compliance with security requirements.

***Proof*: Compliance written confirmation letter from PD (and Fire if they inspected)**
This compliance letter completes the 3rd and final sign off needed prior to licensing. The P&DS, Fire and PD compliance letters now are placed in the MMB file along with the licensing inspection checklist.

4. ***Action*: Licensing meeting**
   Licensing schedules a 30 minute MMB license issuance meeting with at least one owner of the MMB. Licensing staff sends applicant floor plan checklists to ensure applicant brings complete plans to licensing meeting. At meeting, applicant confirms complete general floor plan and security floor plan. Applicant signs license issuance form representing that the application and submitted diagrams are true statements of how location will operate.

***Proof*: City MMB license**
Issued MMB city license now posted at licensed location and may be provided to state MMED as proof of local licensure and evidence of license expiration date.

CITY OF BOULDER

CHECKLIST OF REQUIRED DOCUMENTS

MEDICAL MARIJUANA BUSINESS 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 ONE (1) COPY OF ENTIRE APPLICATION AND BOTH THE ORIGINAL AND COPY APPLICATIONS SHOULD BE SINGLE SIDED PAGES WITH NO STAPLES OR PAPER/BINDER CLIPS AND THEY MUST BE ON 8 ½" X 11" PAPER.

YOU SHOULD INCLUDE THE ORIGINAL LICENSE APPLICATION, THE SECOND LICENSE APPLICATION COPY, AND ALL FEE CHECKS AND ATTACH THE ORIGINAL OF THE AFFIRMATION OF COMPLETION OF APPLICATION AND A COPY OF THE AFFIRMATION OF COMPLETION OF APPLICATION ON TOP OF THE LICENSE APPLICATION PACKETS.

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 intake meeting. At this scheduled meeting time, you must submit your complete original license application and a complete license application copy at the City of Boulder in the Municipal Building, 1777 Broadway, 1st Floor, Boulder, CO 80302. The original Statement of Complete Application will be date and time stamped, and if you supply one, a copy of the Statement of Complete Application will also be date and time stamped and returned to you for your records. 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.

Put original application and application copy in following order and have two separate packets in the single, sealed envelop that you submit:

[ ] **AFFIRMATION OF COMPLETION OF APPLICATION**- Complete all appropriate sections and complete signature, title of signer, and date of signature to indicate that a complete License Application packet has been submitted. Attach both the original and a copy for your records to the front of your single, sealed license application packet envelope for time and date stamping.

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

[ ] **CITY APPLICATION** - Complete all appropriate 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.) 6-14-5 (a) (1) (C).

1. CORPORATE DOCUMENTS (If applicable)

   [ ] Articles of Incorporation - Must be stamped by the Secretary of State. Articles are required for all new corporations that are less than 2 years old

   [ ] Certificate of Good Standing - Only needed if the corporation has been in existence for more than 2 years

   [ ] Certificate of Authority - If foreign company

   [ ] 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 - Only needed if the corporation has been in existence for more than 2 years

   [ ] Certificate of Authority - If foreign company

   [ ] 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 the 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. 6-14-5 (a) (10) and 6-14-5 (b).

[ ] 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. 6-14-(a) (2).

[ ] 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, term current, and valid for 12 months from MMB License Application filing Date as more fully described in B.R.C. 6-14-5 (a) (4).

[ ] Deed or Lease properly executed by all parties with all attachments and addendums. Lease may include MM business reference or contingency for license denial. (On 8 ½ x 11 inch paper).

[ ] Landlord's Clarification letter of MM business. 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 1/2 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 MMB license application evidence compliance with B.R.C. 4-1-8 as specified in B.R.C. 6-14-5 (a) (5).

[ ] Certificate of workers' compensation insurance

[ ] Certificate of 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. 6-14-5 (a) (6), (and B.R.C. 6-14-11 for ingestible products as below), that states *[emphasis added]:*

An operating plan for the proposed medical marijuana business including the following information:

[ ] A. A description of the products and services to be provided by the medical 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, and *[as follows]*

[ ] Including but not limited to, for **Wellness Center** *[dispensary]* locations:

*[ ] staff initials: Total Square Footage of Medical Marijuana Business _____ square feet (Section 6-14-7(f)(1) 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 wellness center location:_____ (Section 6-14-5 requires at least 3 rooms with separating walls up the ceiling and doors in between them as follows: 1 foyer to determine whether visitor is patient or non-patient, 1 private consultation room where knowledgeable consultation and other holistic offerings occur, and 1 secured & locked MM dispensing room in restricted area for patients only).

*[ ] staff initials: Number of private rooms for consultation on the medical use of marijuana or the other offered on-site personal services listed above and marked on premise floor plan: _____ (Section 6-14-7(f)(3) requires one or more separate, private rooms).

- Describe products to be provided for patients and caregivers: _____
_____

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

- Caregiver services provided by Applicant for 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 of amount and forms of ingestion of different types of marijuana for medical use) _____
_____

- Provide addresses of all other Colorado MM business operating under this applicant entity _____.

- Describe plan for locked disposal of any medical marijuana or medical marijuana infused product that is not sold to a patient or primary caregiver 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:
_____
_____ .

- 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 off the premises of the businesses: _____
_____.

- 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 medical marijuana business, the location of such materials and how such materials will be stored: _____
_____.

MM product must not be visible from outside of business premise and only patients.
No one under 18 years old allowed in business unless accompanied by a parent or guardian.

[ ] Including, but not limited to, for **Manufactured Infused Product** (MIP) locations:

*[ ] staff initials: Does your MIP business location have plants at the premise?: _____ (BRC 6-14 requires 2 separate license applications for Grows and MIPS even if they are at the same address).

*[ ] staff initials: Does your MIP location have one-hour fire rate walls up to the ceiling and doors to separate the proposed MIP licensed premise and the Grow licensed premise?: _____(BRC 6-14 requires separate licensed premises sufficient to create distinct suites/units/businesses and that business records for operation and transport be kept separately).

- Describe product(s) to be manufactured at this location: _____
_____
- Name the MM Center(s) from where the MM 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: _____.
- Provide the name, address, and MMB License Number for each MM Center that will distribute the product(s) manufactured at this location_____.
- Provide addresses of all other Colorado MM business operating under this applicant entity _____.

- Describe plan for locked disposal of any medical marijuana or medical marijuana infused product that is not sold to a patient or primary caregiver 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:
_____
_____.

- 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 medical 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: _____
_____.

- 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, kept, or created at the medical marijuana business, the location of such materials, how such materials will be stored and safely used: _____
_____.

*[ ] 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 confirm with B.R.C. 6-14-11.

*[ ] staff initials: Has your business yet hired industrial hygenist 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 hygenist will be hired_____.

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

- The approximate number of plants that the MMB intends to grow at this location: _____
- Describe services to be provided for patients: _____ _____
- Provide addresses of all other Colorado MM business operating under this applicant entity _____.

- Describe plan for locked disposal of any medical marijuana or medical marijuana infused product that is not sold to a patient or primary caregiver in a manner that protects any portion thereof from being possessed or ingested by any person or animal and in a manner that makes disposed of product unusable and unrecognizable:

_____
_____ .

- 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 off the premises of the business. For medical marijuana businesses that grow medical marijuana plants, such plan shall also include all ventilation systems used to control the environment for the plants and describe how such systems operate with the systems preventing any odor from leaving the premises: _____
_____.

- 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 medical marijuana business, the location of such materials and how such materials will be stored: _____
_____.

[ ] B. A dimensioned floor plan diagram with all floors and levels displayed *[with highlighter used to encircle all proposed licensed areas, in distinction of those areas remaining unlicensed]*, and clearly labeled, showing:

- Square Footage of proposed licensed premise and if it is a dispensary, is the total square footage under 3,000 sq. feet;

- Layout of structure and floor plan in which medical marijuana business is to be located;

- The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where non-patients will be permitted, private consulting areas, business office location, storage areas for medical marijuana, stairs, retail areas, and areas where medical marijuana or infused products will be processed or distributed;

- Storage areas for toxic, flammable, or other materials and chemicals, if any;

- Location of checkpoints where 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;

- Areas where any services other than the distribution of medical marijuana are proposed to occur on the licensed premises, and

- The separation of the areas that are open to persons who are not patients from those areas open to patients;

- Front and back lighting of proposed licensed premises.

- All Exterior Entrances and Exits.

[ ] C. 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
  - (i.e. door to door, flyers to each business, phone calls, mailing) _____
  - when were such contacts made (check all that apply?) _____ before opening _____after opening _____ within past 2 months ____ more than 6 months ago
  - 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 MMB in the case or problems related to the business (i.e. 24/7 telephone number of owner, phone number posted at MMB, other) _____
  - MMB contact person's name and phone number_____,
  - Describe other methods in which neighbors were advised they could contact the MMB 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 MMB (check all that apply)
  - _____Respond to telephone calls within 24 hours
  - _____Respond to telephone calls within 72 hours
  - _____ Owner meeting with neighbor(s) with concern
  - _____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)

- Expected Business Hours of Operations: _____
(B.R.C 6-14-8 (f) only allows hours between 8 a.m. to 7 p.m.).

- Business Renewable Energy Plan: _____
(B.R.C. 6-18-8 (i) requires that greenhouse/grow facilities must offset their energy usage 100% through use of Windsource program, Community Solar Garden subscription, or renewable energy generated on-site.)

[ ] FOR ALL MMB LICENSE APPLICATIONS, Name of owner or manager, who will reply to the City of Boulder, and their phone number and email address when premise inspection or or city enforcement contact is required: _____

[ ] D. Per B.R.C. 5-3-14, for ALL MMB LICENSE APPLICATIONS, 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.

[ ] E. For medical 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].

[ ] **ATTACHMENT G**: Security Plan with Confidential Portions Marked and Confidentiality Reason Identified as specified in B.R.C. 6-14-5 (a) (7) and 6-14-10 that states:

[ ] A premise diagram and text description of how the applicant will comply with 6-14-5 (a) (7) and 6-14-10, including but not limited to,

Security Plan and Lighting Plan Template (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 MM patient cards are checked: _____;
- 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: _____; and

- Locations of safes and locked refrigerators or freezers for MIP products and 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): _____

Please attached a dimensioned floor plan to this security and lighting narrative in which medical marijuana business is located with all levels and floors displayed drawn on 8-1/2" x 11" sheet size and depicting:

1. The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where non-patients will be permitted, private consulting

areas, storage areas for medical marijuana, stairs, retail areas, and areas where medical marijuana or infused products will be processed or distributed;

2. Location of storage areas for toxic, flammable, or other materials and chemicals;
3. Location and means of securing ventilation apparatus that passes through to outside.
4. The locations of all lighting that is part of the security system and areas of illumination;
5. Location of security cameras, motion detectors, security system computer (including DVR); and other security system components and view covered by each component;
6. Location of all check points where MM patient cards are checked.
7. Location of Business Office where books and records on patients and inventory are kept.
8. 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 the premise building.
9. All Interior doors and walls listed and marked as to if they are locked.
10. All Exterior Entrances and Exits and marked as to if they are locked.

[ ] **ATTACHMENT H**: Lighting Plan for Licensed Premises as specified in B.R.C. 6-14-5 (a) (8): A premise diagram and text explanation showing the lighting outside of the medical marijuana business for security purposes and compliance with applicable city requirements. [May be combined with ATTACHMENT G: Security Diagram and Text Narrative as above].

[ ] **ATTACHMENT I**: Sales Tax Application with Zoning Confirmation Form completed in accordance with B.R.C. 6-14-5 (a) (9) and 6-14-7 et seq.

[ ] **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.

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

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

[ ] Fingerprint card processing fee required (business checks allowed), as of Jan. 1, 11, and must be 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 Greenhouse/Grows and Manufacture Infused Product 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 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 STAFF GROUP, INCLUDING POLICE, FIRE, BUILDING, AND LICENSING WITH WRITTEN INSPECTION APPROVAL BY EACH DEPARTMENT, WILL BE REQUIRED BEFORE APPROVAL, ISSUANCE AND RELEASE OF AN APPROVED MMB CITY LICENSE AND BEFORE ANY STOCKING OR SALE OF PRODUCT CAN OCCUR.

FOR ANY CHANGES TO ISSUED MEDICAL MARIJUANA BUSINESS LICENSES:

[ ] Complete Proper MMB Change Report form in its entirety, prepared the change fee check, and attach applicable supplemental required documents to explain all changes and file the completed change form, attachments, and fees with city licensing via appointment.

Please Note: Changes to MMB businesses that require CBI/FBI checks must be submitted to the city at least 30 days prior to the effective date of the changes.

General Floor Plan Check Sheet

(For use by Licensing)

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

- ☐ Square Footage of proposed licensed premise [and if it is a dispensary, the total area must be under 3,000 square feet]
- ☐ The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where non-patients will be permitted, private consulting areas, business office location, storage areas for medical marijuana, stairs, retail areas, and areas where medical marijuana or infused products will be processed or distributed
- ☐ Storage areas for toxic, flammable, or other materials and chemicals, if any
- ☐ Location of checkpoints where MMB patient cards will be checked, if applicable
- ☐ 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 medical 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
- ☐ Front and back premise exterior lighting of licensed premises
- ☐ All Exterior Entrances and Exits
- ☐ All Exterior Windows and means of security

Security Diagram Check List

(For use by Police, Fire and Licensing)

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" and depict the following:

- ☐ The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where non-patients will be permitted, private consulting areas, storage areas for medical marijuana, stairs, retail areas, and areas where medical 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, and other security system components, and the view area covered by each component
- ☐ Location of all check points where MM patient cards are checked, if applicable
- ☐ 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 grows and dispensaries)
- ☐ 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
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 [ ] Manufacture Infused Products

"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 Corporation ☐ 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 (for Renewals, please detail any amendments or mark unchanged).

(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	HOME 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 (for Renewals, please detail any amendments or mark unchanged).

NAME	DATE OF BIRTH	FEIN OR SSN	% OWNED

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, 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 500 feet of any school, pre-school, or licensed child care center? ___Yes __No

15. To your knowledge, is this proposed premise within 500 feet of any other medical marijuana business? ___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. If applicant will grow medical marijuana, describe how Applicant will offset its electrical consumption with renewable energy: _____

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. State the location where the applicant will maintain and contact information for the city to view, the camera recordings as required by 6-14-10, B.R.C. _____ _____

24. 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:

25. 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?

26. 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: _____

Anticipated Business Opening Date: _____

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH OTHER LICENSE APPLICATIONS BUT NOT REQUIRED FOR RENEWAL APPLICATIONS UNLESS THERE ARE AMENDMENTS. RENEWAL ANNUAL REPORT ALWAYS REQUIRED.

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.

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). [See Checklist of Required Documents for examples].
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. [See Checklist of Required Documents for examples].
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 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 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

SHARE

Fingerprinting

Contact:
Records
303-441-3300

If you are a resident of or work in the City of Boulder, the police department can take your fingerprints for a variety of purposes, including, but not limited to, employment, alcohol licensing and adoptions. *The police department does not do fingerprinting for immigration purposes.*

You will need to bring valid photo identification. Often, an applicant will be provided with a blank fingerprint card preprinted with important information relevant to the purpose for fingerprinting already filled in. Be sure to bring that card and any other accompanying paperwork that may need to be completed.

The police department's main location at 1805 33rd St. offers fingerprinting on Tuesdays and Thursdays between 8 a.m. and 6 p.m. Fingerprinting is also available at the Community Police Center on 16th Street, just south of Pearl Street, Monday through Thursday, 10 a.m. to 2 p.m.

The cost of this service is $11 per fingerprint card.

Last Updated on Friday, 27 January 2012 15:57

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

The Applicant must provide an Individual History Record for ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, FINANCIERS, PRIMARY CAREGIVERS, ALL NAMED PERSONS, AND 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 A MMB INDIVIDUAL HISTORY RECORD FORM, and any other documentation permitted by Chapter 6-14, B.R.C. evidencing good moral character.

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

1. Name of Business	
2. Your Full Name (last, first, middle)	3. List any other names you have used.
4. Mailing address (if different from residence)	Home Telephone

5. List all residence addresses' below. Include current and previous addresses for the past five years. (Attach separate sheet if necessary.)

STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current			
Previous			

6. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary)

NAME OF EMPLOYER	ADDRESS (STREET,	CITY, STATE, ZIP)	POSITION HELD	FROM	TO

7. List the name(s) of relatives working in or holding a financial interest in a MMB licensed business.

NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE

8. Have you ever applied for, now hold, ever held, or had any percentage interest in a State of Colorado Medical Marijuana business, a Medical Marijuana Business License in Boulder or any other jurisdiction, or helped financed, loaned money, furniture or fixtures, equipment or inventory, to any Medical Marijuana business licensee? ___ Yes __No

Name Address Type of Business Date/ License #

Explain:_____

_____

_____

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

___Yes __No

Explain:_____

_____

_____

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

___Yes ___No

Explain:

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

___ Yes __No

Explain:

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

___ Yes __No

Explain:

13. 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:

14. Have you ever been arrested for a crime, convicted of a crime or received a suspended sentence, deferred sentence, 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? If yes, please explain below. ____ Yes ____ No

Explain:

15. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence or subject to any order requiring payment of fines or fees or monitoring vor any civil or administrative violations? ____ Yes ____ No

Explain:

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

Explain:

17. Have you ever been convicted of a felony, 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:

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

Explain:

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

Explain:

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

Person's Name	Name and Location of Court	Charge(s)	Sentence/ Settlement	Date of Sentencing /Settlement	Last date of incarceration /parole/probation/monitor ability 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. Medical Marijuana business licensing requires the following personal information in order to determine your suitability for licensure pursuant to B.R.C 6-14-5 (a) (10) and 6-14-5 (b).

21. 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.

22. Financial Information.

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

_____

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

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

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

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

Name of Lender and Account Number	Address	Term	Security	Amount

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

_____

_____

_____

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

Oath of Applicant

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Boulder Revised Code and all applicable laws regarding this application and operation of a Medical 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: _____
- Use Category (see page 3): _____

☐ ___ **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 incidential 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 incidential 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 Medical Marijuana Businesses:** ☐ New Application ☐ Modification to an Existing Application

- Size of Business (In square feet): _____ Hours of Operation: _____ No. of Rooms: _____
- Use Category (please check one): ☐ Medical marijuana business, Personal Service ☐ Medical marijuana business, Greenhouse/Nursery ☐ Medical marijuana business, Manufacturing

☐ ___ **For All City Businesses:**

- Will you allow consumption of alcohol on your business premise: _____
- Will you obtain a liquor license from the state or city for alcohol service: _____

REQUIRED FOR GROWS AND MIPS 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

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

Stormwater Quality
Industrial Pretreatment
Wastewater/Environmental Lab

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-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