

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

**CITY OF BOULDER MARIJUANA BUSINESS (RMB) LICENSE APPLICATION**  
**CHAPTER 6-16, BOULDER REVISED CODE**

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

Dispensary     Greenhouse/Grow     Manufacture Infused for MMB/RMB     Testing Facility for MMB/RMB

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

New License (w. \$2,500 state fee)  
 \$2,000 Operating License Fee & \$2,475 License Fee  
 + \$1 each plant over 1,000 plants

License Renewal  
 \$3,480 Renewal Application Fee  
 + \$1 each plant over 1,000 plants

Transfer  
 \$2,000 Operating Fee/ City Licensees Only  
 + \$1 each plant over 1,000 plants

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. \_\_\_\_\_

Maximum Expected Plant Count: \_\_\_\_\_ Lights Count: \_\_\_\_\_ Lights Wattage Used: \_\_\_\_\_

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, AGENTS, 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 listed above with the Applicant under 21 years of age?                       Yes                       No

Attach as Attachment J Financial Records for the last 3 months for an existing business of all checking, savings, and other bank accounts or other records that 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 Recreational 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.

(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 required by Chapter 6-16, 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	Birth Date	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 profits or gross proceeds of this establishment, and any agreement relating to 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 violated any law (as defined in BRC 6-16-2)?  Yes  No

4. Has any person listed in response to questions 1 or 2 ever violated any law related to 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

If the answer is yes to questions 3 or 4, 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

5. Has any individual listed in questions 1or 2 been denied an application for a medical marijuana or recreational business or had a medical marijuana or recreational business license revoked by any jurisdiction?  Yes  No  
 Explain: \_\_\_\_\_

6. Has any individual listed in response to questions 1or 2 had a liquor license denied, suspended or revoked by any jurisdiction?  Yes  No  
 Explain: \_\_\_\_\_

7. 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: \_\_\_\_\_

8. Does any individual listed in response to questions 1 or 2 hold or ever held a Medical Marijuana Business License or Recreational Marijuana in Boulder or any other jurisdiction? \_\_ Yes \_\_ No

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date/ License #: \_\_\_\_\_

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

9. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Does the Applicant have legal possession of the proposed licensed premises for at least 12 months from the date that this RM 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
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**If premises are leased, attach written lease allowing a recreational marijuana business in space or landlord letter.**

12. 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):

\_\_\_\_\_  
 \_\_\_\_\_

13. Are proposed premises within 1,000 feet of any school, university, addiction recovery center or licensed day care? \_\_ Yes \_\_ No

14. 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 (as defined in 6-16-2)? \_\_ Yes \_\_ No

**Applicant must know requirements of BRC Chapter 6-16 and answer the following questions on local RM laws:**

15. Does the Applicant propose to have retail sales of marijuana infused products? \_\_ Yes \_\_ No

If yes, what items will be sold? \_\_\_\_\_

16. Describe how Applicant will offset its electrical consumption with renewable energy at its Recreational Marijuana business location: \_\_\_\_\_

17. What is the ID scanner to be used and the applicant's plan for preventing those under 21 from entry into the business and for removal from the premises of any person that the ID scanner does not verify as at least 21 years of age?  
\_\_\_\_\_

18. Is Applicant aware of the additional monthly RMB state and city excise tax for Grows and MIPs and the added sales and use tax for RM dispensaries?  Yes  No

19. Has Applicant implemented 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. If Applicant intends to operate a manufacturer infused product location, has an Industrial Hygienist been hired yet? Please state, yes/no and provide name of Industrial Hygienist: \_\_\_\_\_

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 6-16, B.R.C. \_\_\_\_\_

24. State the name and contact information for the company monitoring the alarm system for the RMB \_\_\_\_\_

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

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

26. Does the Applicant already have or 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?

Anticipated Business Opening Date: \_\_\_\_\_

27. 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 any information in Attachments A to J most recently submitted to the city?**

\_\_\_\_\_ **Renewing Representative's Initials** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**For any changes, 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. 6-16-5 (a) (1) .

ATTACHMENT B: Background Check and Financial Interests Reports, Fingerprints, and Identification copies for all Owners, Officers, Directors, Partners, Managing Members, Members, Business Managers, Financiers, and Agents and individuals named in the application. Evidence of Rehabilitation or Court Documents for Disposition if applicable as specified in B.R.C.6-16-5 (a) (2) and (3) and 6-16-5 (a) (10).

ATTACHMENT C: Summary List of all loans, notes, and gifts, and executed and complete copies of same as specified in B.R.C. 6-16-5-(a) (2).

ATTACHMENT D: Landlord Letter and 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. 6-16-5 (a) (4)

ATTACHMENT E: Insurance Certificate or compliance evidence with B.R.C. 4-1-8 as in B.R.C. 6-16-5 (a) (5)

ATTACHMENT F: Operating Plan with products and services description, dimensioned floor plan, neighborhood responsibility plan, ingestible items production (if any), energy conservation and electrical availability, and mold and wastewater discharge plan (if any) as specified in B.R.C. 6-16-5 (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. 6-16-5 (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. 6-16-5 (a) (8).

ATTACHMENT I: Business License for Sales tax with Zoning Confirm Form; B.R.C. 6-16-5 (a) (9) & 6-16-7 et seq.

ATTACHMENT J: Business Entity Financial Records for the last 3 months for an existing business of all checking, savings, and other bank accounts and other financial records depicting 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 Recreational 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 record are subject to review and audit by City Finance department.

**THIS APPLICATION IS NOT CONSIDERED COMPLETE UNTIL PAYMENT OF ALL FEES AS REQUIRED BY B.R.C. 4-20-67, INCLUDING RECEIPT OF \$2,500 PORTION OF FEE FOR NEW LICENSE APPLICATIONS DUE FROM THE STATE.**

**OATH OF APPLICANT**

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

Authorized Signature	Printed Name and Title	Date

**THIS PAGE FOR INTERNAL CITY USE ONLY**

CITY ASSIGNED RM LICENSE NO: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ TRADE NAME: \_\_\_\_\_

PREMISE ADDRESS & UNIT/SUITE NUMBER: \_\_\_\_\_

PLANNING/ZONING (Date Sent: \_\_\_) AS TO BUSINESS DENSITY, DISTANCE MEASUREMENT, & ALLOWED ZONING  
RM 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  
RM 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

RM 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

RM 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

RM NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: \_\_\_\_\_APPROVED \_\_\_\_\_DENIED

BASIS FOR RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City Staff's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date