

# Town of Breckenridge

P.O. Box 168, Breckenridge, Colorado 80424

## Retail Marijuana Establishment and/or Medical Marijuana Business Local License Application

### Individual History Record Page 1

To be completed by each individual applicant, all general partners of partnership, and limited partners owning 10% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 10% (or more) of the stock of such corporation; all limited liability company *MANAGING* members, and officers or other limited liability company members with a 10% (or more) ownership in such company. Please make additional copies of this form as necessary.

**Notice:** This individual history record provides basic information which is necessary for the local 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		1a. Date of Birth of Applicant		
2. Your Full Name (last, first, middle)		3. List any other name you have used.		
4. Mailing address (if different from residence)		Telephone Number		
5. List all residence addresses below. Include current and previous addresses for the past five years.				
Street and Number	Mailing Address	City, State, Zip	From	To
Current				
Previous 1				
Previous 2				
Previous 3				
Previous 4				
6. List all current and former employers or business engaged in within the last five years (Attach separate sheet if necessary)				
Name of Employer	Address (Street, Number, City, State, Zip)	Position Held	From	To
7. Have you ever applied for, held, or had an ownership interest in a Medical Marijuana business or Retail Marijuana Store establishment? _____ No Yes (If yes, answer in detail.)				
8. Have you ever received a violation notice, suspension or revocation, for a Medical Marijuana or Retail Marijuana license/permit violation, or have you applied for or been denied a Medical Marijuana or Retail Marijuana license/permit anywhere in the US? _____ No _____ Yes (If yes, explain in detail.)				

# Town of Breckenridge

P.O. Box 168, Breckenridge, Colorado 80424

## Retail Marijuana Store Retail Marijuana Store and/or Medical Marijuana Center Local License Application

### Individual History Record Page 2

9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (Include arrests for DUI and DWAI.) \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain in detail.)

10. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain in detail.)

11. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain in detail.)

#### 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.

Authorized Signature

Date