



**REQUIRED SIGN-OFFS FOR
RETAIL MARIJUANA ESTABLISHMENT AND/OR MEDICAL MARIJUANA BUSINESS
LOCAL LICENSE RENEWAL***

BUSINESS NAME IN FULL: _____

BUSINESS LOCATION STREET ADDRESS: _____

BUSINESS LOCATION LEGAL DESCRIPTION: _____

APPLICANT: _____

ADDRESS / PHONE: _____

PROPERTY OWNER NAME / PHONE: _____

STATE OF COLORADO PERMIT NUMBER: _____

- Town of Breckenridge Department of Community Development (for compliance with applicable zoning and signage requirements). Call 970-453-3160.

Planning Department Date

- Town of Breckenridge Police Department. Call 970-453-2941 to schedule an appointment with a detective.

Police Department Date

- Town of Breckenridge Finance Division. Call 970-453-3182 to schedule an appointment to complete a Business License (BOLT)/ Sales Tax License.

Finance Department Date

- Town of Breckenridge Chief Building Official. Call 970-453-3180 to schedule an appointment for a final inspection of the proposed licensed premises.

Chief Building Official Date

If you have any questions, contact the Town of Breckenridge Municipal Services at 970-547-3127.

**Please complete one sign-off sheet per licensed location.*