

Town of Breckenridge

P.O. Box 168, Breckenridge, Colorado 80424

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

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001-0611-49999

Applicant should obtain and review a copy of the Town of Breckenridge 2013 Marijuana License Ordinance (Ordinance 35, Series 2013)

Trade Name of Establishment: _____

Type of State Permit(s): Retail Marijuana Store Retail Marijuana Cultivation Retail Marijuana Products Manufacturer

Dually Licensed Medical Marijuana Center and Retail Store

Dually Licensed Retail and Medical Marijuana Cultivation Dually Licensed Retail and Medical Marijuana Products Manufacturer

Medical Marijuana Center Cultivation Medical Marijuana Center Products Manufacturer Medical Marijuana Center

State License Number(s): _____

Expiration Date(s): _____

NAME OF APPLICANT: _____

APPLICANT IS A(N): INDIVIDUAL/SOLE PROPRIETOR CORPORATION LIMITED LIABILITY COMPANY

GENERAL PARTNERSHIP LIMITED PARTNERSHIP OTHER (SPECIFY): _____.

AND IS QUALIFIED TO TRANSACT BUSINESS IN COLORADO.

IF THE APPLICANT IS A BUSINESS ENTITY, LIST ALL MEMBERS, MANAGERS, AND 10% (OR MORE) OWNERS (USE ADDITIONAL SHEETS IF NECESSARY):

NAME:	HOME ADDRESS (CITY, STATE, ZIP):	PERCENT OWNED:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT CONTACT PERSON: _____

TITLE OF CONTACT PERSON: _____

APPLICANT'S MAILING ADDRESS _____ PHONE No. _____

PROPERTY OWNER _____ PHONE No. _____

PROPERTY OWNER MAILING ADDRESS _____

STREET ADDRESS OF LICENSED PREMISES _____

LEGAL DESCRIPTION _____

Date Stamp: _____

Time Received: _____

Staff Initial: _____

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SUBMITTAL REQUIREMENTS: Please include:

- Completed "Renewal Application"
- Copy of current lease
- Copy of current State License(s)
- Completed "Required Sign Off Sheet" (One for each licensed location.)
- Renewal fee(s), payable to "Town of Breckenridge"

I understand that I may be subject to prosecution under Federal marijuana laws. I also understand that my employees may be subject to prosecution under Federal marijuana laws. _____ (Applicant Initial Here)

I understand that the Town of Breckenridge accepts no legal liability in connection with the approval and / or subsequent operation of the business for which the Application is submitted. I hereby release the Town of Breckenridge, its employees, elected and appointed officials from any and all liability in connection with the approval and subsequent operation of the business for which the Application is submitted.
_____(Applicant Initial Here)

The undersigned represents to the Town of Breckenridge that he or she is authorized to submit this application on behalf of the licensee named above.

Applicant's Signature _____ Date _____

Applicant's Title: _____

Date Stamp:

Time Received: _____

Staff Initial: _____