

# Town of Breckenridge

P.O. Box 168, Breckenridge, Colorado 80424

## Retail Marijuana Establishment and/or Medical Marijuana Business

### Local License Application

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001-0611-49999

New Application       Transfer of Ownership

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 PROPOSED MMD \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_

Date Stamp:

Time Received: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

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**SUBMITTAL REQUIREMENTS:** Please include:

- Proof of ownership of the proposed licensed premises **OR**
- If the Applicant is not the Owner of the proposed licensed premises, a notarized statement from the Owner of such property authorizing the submission of the application (Landlord's Consent to Submission of Application) and a copy of the lease
- A completed signature sign-off form
- A detailed diagram of the premises
- A completed Individual History Record for the Applicant. If Applicant is a business entity, an Individual History Record must be submitted for all members / managers / 10%+ owners of the business entity
- A completed set of the Applicant's fingerprints. If Applicant is a business entity, a complete set of fingerprints must be submitted for **all** members / managers / 10%+ owners of the business entity.

In addition to this application, the Applicant may also be required to obtain the following permits or licenses:

- A Development Permit
- A Town Sales Tax License
- A Business & Occupational/Sales Tax License (BOLT)
- A building permit, mechanical permit, plumbing permit or electrical permit

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: \_\_\_\_\_