



TOWN OF FRASER
MEDICAL MARIJUANA LICENSE
APPLICATION FORM

- NEW LICENSE TRANSFER OF OWNERSHIP LICENSE RENEWAL

APPLICANT MUST CHECK THE APPROPRIATE BOX(ES)

- 1. Applicant is applying as a
Corporation Limited Liability Company
Partnership (includes Limited Liability and Husband and Wife Partnerships) Association or Other
Individual

2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation Fein Number

2a. Trade Name of Establishment (DBA) State Sales Tax No. Business Telephone

3. Address of Premises (specify exact location of premises)

City County State ZIP Code

4. Mailing Address (Number and Street) City or Town State ZIP Code

NONREFUNDABLE APPLICATION FEES

- Application Fee for New License with concurrent State review \$5,000.00*
Application Fee for Transfer of ownership \$5,000.00*

* Plus reimbursement of any additional fees or expenses incurred by the Town and/or reimbursement of any Town expenses incurred in excess of this amount.

MEDICAL MARIJUANA LICENSE FEES

- Annual License Fee \$5000.00*
Late Renewal Fee (C.R.S. 12-43.3-311(2) \$500.00
Change of location application fee \$700.00
Modification of premises application \$700.00
Change of corporate structure/officers/directors/(for each owner/officer/director added) \$500.00
Manager registration (if not an owner) \$500.00

* Plus reimbursement of any additional fees or expenses incurred by the Town and/or reimbursement of any Town expenses incurred in excess of this amount.

APPLICATION DOCUMENTS CHECKLIST AND WORKSHEET

Instructions: This checklist should be utilized to assist applicants with filing **all** required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

ITEMS SUBMITTED, PLEASE CHECK ALL APPROPRIATE BOXES COMPLETED OR DOCUMENTS SUBMITTED

I. APPLICANT INFORMATION

- A. Applicant/Licensee identified.
- B. **Copy of State of Colorado Medical Marijuana License Application.**
- C. License type or other transaction identified.
- D. Return originals to local authority.
- E. Additional information may be required by the local licensing authority.

II. DIAGRAM OF THE PREMISES

- A. No larger than 8 1/2" X 11".
- B. Dimensions included (doesn't have to be to scale). Exterior areas should show control (fences, walls, etc.).
- C. Separate diagram for each floor (if multiple levels).

III. PROOF OF PROPERTY POSSESSION

- A. Deed in name of the Applicant ONLY (or)
- B. Lease in the name of the Applicant ONLY.
- C. Lease Assignment in the name of the Applicant (ONLY) with proper consent from the Landlord and acceptance by the Applicant.
- D. Other Agreement if not deed or lease.

IV. CORPORATE APPLICANT INFORMATION (If Applicable)

- A. Certificate of Incorporation (and/or)
- B. Certificate of Good Standing if incorporated more than 2 years ago.
- D. List of officers, directors and stockholders of parent corporation (designate 1 person as "principal officer").

V. PARTNERSHIP APPLICANT INFORMATION (If Applicable)

- A. Partnership Agreement (general or limited). Not needed if husband and wife.

VI. LIMITED LIABILITY COMPANY APPLICANT INFORMATION (If Applicable)

- A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office).
- B. Copy of operating agreement.
- C. Certificate of Authority (if foreign company).

VII. MANAGER REGISTRATION INFORMATION WHEN INCLUDED WITH THIS APPLICATION

- A. \$500.00 fee.

19. If applicant is a corporation, partnership, association or limited liability company, applicant **must list ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. ALL PERSONS LISTED BELOW must submit finger print cards to their local authority.**

NAME	HOME ADDRESS, CITY & STATE	DOB	POSITION

Registered Agent (if applicable)

Address for Service

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 Colorado Medical Marijuana Code.

Authorized Signature

Title

Date

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY

Date application filed with local authority

Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application.)

THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS:

That each person required to has:

Yes No

- Been fingerprinted Yes No
- Been subject to background investigation, including NCIC/CCIC check for outstanding warrants Yes No
- That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with, and aware of, liquor code provisions affecting their class of license Yes No

(Check One)

- Date of Inspection or Anticipated Date _____ Yes No
- Upon approval of state licensing authority. Yes No

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted will meet the zoning regulations of the neighborhood and will comply with the provisions of the Fraser Municipal Code. **THEREFORE, THIS**

Local Licensing Authority for

Telephone Number

TOWN, CITY

Signature

Title

Date

Signature (attest)

Title

Date