



**COLORADO**  
Department of Revenue  
Enforcement Division - Marijuana

# Medical Marijuana Business License Renewal Application

**Marijuana Enforcement Division**

# Colorado Marijuana Enforcement Division

## Medical Marijuana Business License Renewal Application Instructions

### ***Renewal Application Checklist***

- 1 Application Fully Completed**  
Type or clearly print an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. **Have applicable documents notarized prior to submission to the MED.**

- 2 All Forms Signed & Attached**  
The following forms must be signed and returned with the application:
- Affirmation & Consent (each owner)
  - Investigation Authorization/Authorization to Release Information (each owner)
  - Ownership and Funding Certification and Affidavit (each owner)
  - Statement of Understanding (each owner)
  - Tax Authorization/Request to Release Information (each owner)

- 3 All Requested Information Attached - Applicable documents must be notarized prior to submission to the MED.**  
The following information requested on the application must be attached, if applicable:
- A letter certifying 70/30 compliance (Section 12-43.3-402 (4), C.R.S.) MMC only
  - NEW promissory notes, security agreements, consulting agreements or material financial agreements
  - Copy of lease or other proof of possession of licensed premises, including all amendments, addendums and extensions
  - Separate legible and accurate floor plans of facility, (to scale) on 8.5 X 11 inch paper (One for licensed premises, one for the security/surveillance plan including camera location, number and direction of coverage)
  - Copy of Operating Agreement or By-Laws
  - Copy of current local jurisdiction marijuana business license(s)

**NOTE: The Marijuana Enforcement Division reserves the right to request additional information and documentation throughout the course of the background investigation and must be provided within 7 calendar days of notification.**

- 4 Application and License Fees**  
**All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.**  
Please submit original application and one complete copy. See fee table on website: [www.colorado.gov/revenue/med](http://www.colorado.gov/revenue/med) Checks will only be accepted in the name of the applicant, owner(s) or business entity which has an ownership interest in the applicant.

- 5 Application Submittal**  
Bring in application or mail with all attachments and requisite fees to:
- Marijuana Enforcement Division  
1707 Cole Blvd., Suite 300  
Lakewood, CO 80401  
ATTN: Licensing

**NOTE: Incomplete applications WILL NOT be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood office prior to the end of the next business day.**

## Colorado Marijuana Licensing Authority

# Medical Marijuana Business License Renewal Application

<b>License Type</b> (Check only <b>ONE</b> box per application. See website for fees and additional license type information)					
Medical Marijuana Center (Select Type) <input type="checkbox"/> Type 1 (Up to 300 patients) <input type="checkbox"/> Type 2 (301 to 500 patients) <input type="checkbox"/> Type 3 (501 or more patients)  <input type="checkbox"/> Medical Marijuana-Infused Products Manufacturer <input type="checkbox"/> Medical Marijuana Testing Facility			<input type="checkbox"/> Off-Premises Storage (connected to License # _____ )  <input type="checkbox"/> Medical Marijuana Operator <input type="checkbox"/> Medical Marijuana Transporter <input type="checkbox"/> Optional Premises Cultivation (OPC) (connected to License # _____ )		
Applicant's Legal Business Name (Please Print)				Marijuana Business License Number	
Trade Name (DBA)				Website Address	
Federal Taxpayer ID		Colorado Sales Tax License #		Entity ID Number shown on Secretary of State Registration	
<b>Physical Address</b>					
Street Address of Marijuana Business				Business Phone Number (    )	
City	County	State	ZIP	Email Address	
<b>Mailing Address (if different from Physical Address)</b>					
Address		City		State	ZIP
Primary Contact Person for Business			Title		Primary Contact Phone Number (    )
Primary Contact Address (city, state ZIP)				Primary Contact Email	
1. Is the licensee (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) under the age of twenty-one years?					Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Has the licensee (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) within the last year (in Colorado or any other state);					Yes No
(a) been denied a privileged license (ie: Liquor, Gaming, Racing, Auto Industry or Marijuana)?					<input type="checkbox"/> <input type="checkbox"/>
(b) had a privileged license (ie: Liquor, Gaming, Racing, Auto Industry or Marijuana) suspended or revoked?					<input type="checkbox"/> <input type="checkbox"/>
(c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing, Auto Industry or Marijuana) license denied, suspended or revoked?					<input type="checkbox"/> <input type="checkbox"/>
If you answered yes to 2a, b or c, explain in detail on a separate sheet.					
3. Has the applicant or any business entity owned by the applicant ever owned a Marijuana license in this or any other jurisdiction, foreign or domestic, that was subject to any of the following actions since the last renewal: (1) denial; (2) surrender; (3) assurance of voluntary compliance; (4) order to show cause; (5) suspension; (6) fine; (7) revocation; (8) stipulation or settlement; (9) withdrawn; (10) other penalties or sanctions. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.					Yes No <input type="checkbox"/> <input type="checkbox"/>
4. Does the applicant of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? If you answered YES, explain in detail on another piece of paper and attach all NEW or UPDATED documentation showing legal possession: deed, title, sale or lease agreements, lease amendments, lease extensions etc.					Yes No <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ (a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:					
Landlord (include sublease if applicable)			Tenant		Expires

5. Is the licensed Medical Marijuana premises within 1000 feet of a school (as defined in 12-43.3 104 (15) C.R.S.), alcohol or drug treatment facility, principal campus of a college, university, or seminary, or a residential childcare facility? If "yes", then include a copy of a waiver or ordinance from the local jurisdiction where the business is located				Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Has a Medical Marijuana Center license application (same license class), that was located within 1000 feet of the premises, been denied within the preceding year? If "yes" explain in detail.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Within the last 12 months, has there been a change in ownership or ownership allocation, a transfer of stock, a change in the corporate structure or in the corporate by-laws, or any other change affecting ownership or organizational structure of the licensee or its subsidiaries/affiliates? If yes, explain in detail on a separate sheet and attach copies of all available documentation concerning the changes. (i.e. New operating agreement)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. In the past year, has the licensee (including all parent, subsidiary or affiliate companies, if any) filed for bankruptcy, been sued, had a civil judgment or tax lien filed against it, or become delinquent in the payment or filing of any taxes, interest, penalties or judgments owed to the State of Colorado? If yes, explain in detail on a separate sheet and attach copies of all available documentation.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. List the full name and ownership percentage of every owner or entity, including lending agencies, who have a right to share in the revenues of marijuana, whether as an owner, assignee, landlord, or otherwise to whom any interest or share in the profits of marijuana has been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract of sale.					
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant		
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant		
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant		
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant		
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant		
10. Since the last renewal submission, have there been any new financing , promissory notes, or new lines of credit obtained or applied for? If yes, explain in detail on a separate sheet and attach all documentation.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Has any debt been retired or eliminated since the last renewal submission? If yes, explain in detail and attach all documentation.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Have there been any material changes in financial position since the last renewal submission? If yes, explain in detail on a separate sheet and attach all documentation.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Within the past year, has the licensee entered into any material financial arrangements, notes, security agreements, consulting agreements, any written or oral agreements, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation? If yes, explain in detail on a separate sheet and attach all documentation.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Within the past year, have there been any changes in ownership percentage of any owner or entity, including lending agencies, who have a right to share in the revenues of marijuana, whether as an owner, assignee, landlord, or otherwise to whom any interest or share in the profits of marijuana has been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract of sale? If yes, explain in detail on a separate sheet and attach all documentation.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. In the past year, has the licensee (including all parent, subsidiary or affiliate companies, if any) been indicted, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty. If Yes, explain in detail on a separate sheet and include with your application. Provide official documentation from the court showing the final disposition for any felony charge or those related to a controlled substance.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are any owners renewing their Associated Key Licenses with this application? If YES, then each must submit the Owner/Associated Key Renewal Application (DR 8516 - see website).				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Local Licensing Authority (To be filled out by licensee) Include copy of Local License or Approval</b>					
Local Licensing Authority			Address		
Local Licensing Authority contact name		Contact Phone	Contact Email		
Current License Status With Local Authority		Date of Approval	Date of Expiration		
17. Optional Premises Cultivation License Please list all OPC licenses associated with this MMC/MIP renewal (if applicable).				Yes <input type="checkbox"/>	No <input type="checkbox"/>
What City or County? _____ OPC License #(s) _____					
Date of Expiration of State License _____					

# Affirmation & Consent

I, \_\_\_\_\_, as an owner for this licensee, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Business License Renewal Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana License, and for 90 days following the expiration or surrender of such Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

**Print Full Legal Name of Owner clearly below:**

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date

State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20____, in _____, <span style="margin-left: 400px;"><i>(City)</i></span>  _____, by _____ <span style="margin-left: 100px;"><i>(State)</i></span> <span style="margin-left: 200px;"><i>(Applicant's Printed Name)</i></span>	Notary Seal
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

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# Investigation Authorization/Authorization to Release Information

I, \_\_\_\_\_, as an owner for this licensee, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into the background of the person(s) and/or entity, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "non-public" under the provisions of state or federal laws. I understand by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "non-public" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

**Print Full Legal Name of Owner clearly below:**

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Title of Owner	Signature		Date

State of _____, County of _____ Subscribed and sworn to (or affirmed)	Notary Seal
before me this _____ day of _____, 20____, in _____ <span style="display: block; text-align: right; font-size: 0.8em;">(City)</span>	
_____, by _____ <span style="display: block; text-align: right; font-size: 0.8em;">(State) (Applicant's Printed Name)</span>	
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

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## Tax Check Authorization and Request To Release Information

I \_\_\_\_\_ am signing this waiver on behalf of \_\_\_\_\_ (the "Applicant/Licensee") to permit the Internal Revenue Service (IRS), the Colorado Department of Revenue, and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 12-43.3-202(1), 12-43.3-307(1)(g), 12-43.4-202, and 12-43.4-306(f), C.R.S. This waiver is made pursuant to 26 U.S.C. § 6103(c); section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an occupational license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to sections 12-43.3-311 or 12-43.4-310, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the IRS, the Colorado Department of Revenue, and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file a Federal income tax return by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the IRS gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into an Offer and Compromise or payment plan with the IRS and whether Applicant/Licensee is current on any payments required by said Offer and Compromise or payment plan.
4. Whether the Applicant/Licensee has failed to file any state or local tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
5. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
6. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

*Continued on next page*

Applicant/Licensee authorizes the IRS, the Colorado Department of Revenue, and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the IRS, the Colorado Department of Revenue, and any other state or local taxing authority in any administrative action regarding the application or license. To assist the IRS, the Colorado Department of Revenue, and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

Applicant's Name (Individual/Business)	Social Security Number/Tax Identification Number		
Street Address	City	State	Zip Code
Home Telephone Number	Business/Work Telephone Number		

**If you are/were married and filed joint tax returns, your spouse must provide the following.**

Spouse's Name	Social Security Number/Tax Identification Number
---------------	--

*(All signatures must be notarized)*

Legal Last Name (Please Print)	Legal First Name	Full Middle Name
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Applicant's Signature

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me  this _____ day of _____, 20 ____, in _____, <small>(City)</small>  _____, by _____ <small>(State)</small> <small>(Applicant's Printed Name)</small>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
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Spouse's Signature

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me  this _____ day of _____, 20 ____, in _____, <small>(City)</small>  _____, by _____ <small>(State)</small> <small>(Spouse's Printed Name)</small>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

Signature of Marijuana Enforcement Division agent presenting this request	Date
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**Privacy Act Statement**

Requesting your Social Security Number is voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).





## Marijuana Ownership and Funding Certification

Medical Marijuana Business

Retail Marijuana Establishment

On behalf of the Applicant Business Entity, I certify under the penalty of perjury, that on the date signed:

- The ownership described is accurate and complete and includes **all** shareholders or other owners of the Applicant Business Entity, including members of business entities that share in the ownership in the Applicant Business Entity – including management and/or consulting companies, no matter how slight the ownership interest.
- The list of associated persons is complete and includes **all** corporate or company officers, directors (including outside or independent directors), partners, and all persons who have the ability to exercise control over the management policies of the Applicant Business Entity, along with accurate titles or positions.

**Note:** Business entities that own the Applicant Business Entity, in whole or in part, must provide details of their ownership structure.

On behalf of the Applicant Business Entity, I further certify under the penalty of perjury that on the date signed:

- All investments and funds used to start and/or finance this Applicant Business Entity have been disclosed and accurately reported.
- These investments and funds were obtained from fully disclosed, legal and legitimate sources.
- These investments and funds are not involved in any criminal or money laundering activity, are clear and unencumbered, and are not derived from any illegal activities.

**Upon signature below the applicant also understands and agrees no change of ownership or change of location will be accepted by the State Licensing Authority, Marijuana Enforcement Division until the applicant's license(s) are approved. (Retail Only)**

Signature	Title or Position	Proposed Ownership %
Typed or Printed Name	Applicant Business Entity Name	MED Business License #
State of _____, County of _____ Subscribed and sworn to (or affirmed)		Notary Seal
before me this _____ day of _____, 20 ____, in _____, <span style="display: block; text-align: right; font-size: small;">(City)</span>		
_____, by _____ <span style="display: block; text-align: center; font-size: small;">(State) (Applicant's Printed Name)</span>		
Signature of Notary Public		
Printed Name of Notary Public		
Notary Public, State of _____		
My Commission Expires _____		

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## Marijuana Enforcement Division – Statement of Understanding (initial each line)

I understand I am responsible for knowing and complying with all state laws and regulations governing medical and retail marijuana pursuant to the Colorado Retail Marijuana Code, sections 12-43.4-101 et seq., C.R.S. (“Retail Code”) and the Colorado Medical Marijuana Code, sections 12-43.3-101 et seq., C.R.S. (“Medical Code”), as well as the rules promulgated thereunder pursuant to 1 CCR 212-1 and 1 CCR 212-2. I understand I am being made aware of the following laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my license:

I will not acquire, possess, cultivate, manufacture, test, dispense, sell, serve, deliver, transfer, transport any marijuana on the licensed premises prior to being issued a license to do so by the State Licensing Authority and receiving approval to do so by the local jurisdiction where the license is issued. \_\_\_\_\_ (Rules M 201(E)(3)/R 201(E)(5), M 233/R 233)

I understand that the licensed premises must comply with all security and surveillance requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code and the rules or regulations promulgated in accordance with the Codes, before the licensee can possess, cultivate, manufacture, test, dispense, sell, serve, transport or deliver any marijuana on the licensed premises. \_\_\_\_\_ (Rules M 305, M 306/R 305, R 306)

I understand that all areas of ingress or egress to limited access areas shall be clearly identified as such by a sign as designated by the State Licensing Authority. \_\_\_\_\_ (Rules M 301/R 301)

I understand that at all times I shall possess and maintain possession of the premises for which the license is issued by ownership, lease, rental, or other arrangement of possession of the premises. \_\_\_\_\_ (Rules M 302/R 302; subsections 12-43.3-310(8)(b) and 12-43.4-309(7)(b), C.R.S.)

I understand I must use the State’s Inventory Tracking System as my primary inventory tracking system of record, and to follow all the rules and guidelines set forth for the use of this system. \_\_\_\_\_ (Rules M 309/R 309)

I understand that I am required to keep a complete set of all records necessary to show fully the business transactions of the licensee, all of which shall be open at all times during business hours for inspections and examination by the State Licensing Authority or its duly authorized representatives. \_\_\_\_\_ (Rules M 901/R 901)

I understand that the water supply shall be sufficient for the operations intended and shall be derived from a source that is a regulated water system. Private water supplies shall be derived from a water source that is capable of providing a safe, potable, and adequate supply of water to meet the License Premises needs. \_\_\_\_\_ (Rules M 504(B)(10)/R 504(B)(10))

I understand that any medical marijuana and/or retail marijuana and/or infused product must meet the labeling and packaging requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code, and all rules or regulations promulgated in accordance with the Codes. \_\_\_\_\_ (Rules M 1000 Series/R 1000 Series)

I understand that the licensed premises, including any places of storage where medical marijuana and/or retail marijuana and/or infused products are stored, sold, dispensed or tested, shall be subject to inspection by the state or local jurisdictions and their investigators, during all business hours and other times of apparent activity. \_\_\_\_\_ (Rules M 1202/R 1202)

I understand that I must cooperate with employees and investigators of the Marijuana Enforcement Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to the Medical and Retail Codes. \_\_\_\_\_ (Rules M 1202/R 1202)

I understand that I shall not by any means, interfere with, obstruct or impede the State Licensing Authority, or employee or investigator of the Marijuana Enforcement Division from exercising their duties, pursuant to the provisions of the Medical and Retail Codes and all rules promulgated pursuant to it. \_\_\_\_\_ (Rules M 1202/R 1202)

I have read all of the above information and understand my responsibilities as a medical marijuana and/or retail marijuana business licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement, may result in criminal charges and/or may be grounds for disciplinary action including, but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

Licensee’s Business Name	Business License Number	
Owner’s Printed Name	Owner’s Signature (sign in front of notary)	Date



## Marijuana Enforcement Division – Statement Of Understanding

### Affidavit

Licensee's Full Printed Name	Badge Number
Licensee's Signature	Date
State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20____, in _____, <span style="margin-left: 400px;"><i>(City)</i></span>  _____, by _____ <span style="margin-left: 100px;"><i>(State)</i></span> <span style="margin-left: 200px;"><i>(Applicant's Printed Name)</i></span>	Notary Seal
Signature of Notary Public	
Printed Name of Notary Public	
Notary Public, State of	
My Commission Expires	