



MEDICAL / RETAIL MARIJUANA STORE LICENSE APPLICATION CHECKLIST

- A Zoning Verification Form must be approved by the City of Lafayette Director of Community Development before the application process begins.
- Applicants must submit a Colorado Retail Marijuana Business License Application (DR 8548) and a Colorado Medical Marijuana Business License Application (DR 8530) along with required attachments to the City Clerk. Resident owners and/or Key executives must submit a Colorado Associated Person & Associated Key Marijuana License Application (DR 8520). Owners and/or key executives who do not meet residency requirements at the time of application must submit a Colorado Marijuana Pre-Suitability Application (DR 8557).

The following supplemental information must be submitted with the State application forms.

- City of Lafayette Marijuana Business License Application Cover Sheet
- Proof of possession of the premises (lease, lease assignment, deed)
- Authorization to use Property for a Marijuana Business
- Lawful Presence Affidavit (for sole proprietor)
- Proof of worker's compensation insurance and public liability insurance in the minimum amounts of \$150,000 for any injury to one person in any single occurrence and \$600,000 for any injury to two or more persons in any such occurrence.
- City of Lafayette Sales Tax and Use Tax License Application The applicant must obtain two Sales and Use Tax Licenses (one for retail sales and one for medical sales)
- Application Fee (\$3,000) and License Fee (\$2,000). Cashiers check or money order made out to City of Lafayette. If the application is denied, the License Fee will be returned
- Operating Fee (\$3,000) due upon issuance of license and paid annually thereafter.
- Background Investigation Fee (\$750/person) Application fee includes one background investigation
- Surety Bond in the amount of \$5,000 naming the City of Lafayette as recipient.
- Mechanical ventilation plan, in accordance with Lafayette Municipal Code Section 56-266 (b)(6)
- Floor plan, drawn to scale, according to Lafayette Municipal Code, Section 56-266(b)(3)(ii). The co-located sales areas may share a common foyer but they must have separate entrances and exits.
- Description of products and/or services to be provided by the retail marijuana operation.
- Plan for disposal of waste marijuana
- Report from a State Certified Industrial Hygienist, according to Lafayette Municipal Code, Section 56-265 (b)(3)
- Local background investigations will be conducted for each individual submitting an application (excepting support employees)
- On-site inspections will be conducted by police, fire, building and public works officials.



**ZONING VERIFICATION FORM
MARIJUANA BUSINESS LICENSE APPLICATION**

**YOU MUST OBTAIN AN APPROVED ZONING VERIFICATION FORM FOR THE PROPOSED LOCATION OF
YOUR BUSINESS BEFORE PROCEEDING WITH THE APPLICATION PROCESS
A \$100 FEE MUST ACCOMPANY THIS FORM.**

PROPERTY

Street Address: _____ Lafayette, Colorado 80026
Lot Area (in Square Feet or Acres): _____ Existing Zoning: _____
Existing Use of Property: _____

PROPOSED USE

Trade Name of Establishment (d/b/a): _____
Description of proposed use: (include proposed use and summarize type of activity, as applicable):

PREMISES

Attach a site plan, indicating (1) the lot, (2) all existing and proposed buildings, and (3) distances from the building(s) to all property lines.
Attach a floor plan, drawn to scale indicating dimensions. Total square footage: _____

USE CATEGORY

- | | |
|---|--|
| <input type="checkbox"/> Retail Marijuana Cultivation | <input type="checkbox"/> Medical Marijuana Cultivation |
| <input type="checkbox"/> Retail Marijuana Store | <input type="checkbox"/> Medical Marijuana Center |
| <input type="checkbox"/> Retail Products Manufacturer | <input type="checkbox"/> Medical Marijuana Products Manufacturer |
| <input type="checkbox"/> Marijuana Testing Facility | |

CONTACT INFORMATION

Name of Owner or Contact Person: _____
Business Mailing Address: _____
(if different from physical address)

Business Phone: _____ Business Email: _____

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and I understand that there may be additional reviews required to complete the planning process.

Signature: _____ Date: _____



MARIJUANA BUSINESS LICENSE APPLICATION COVER SHEET

Applicant _____

Trade Name (d/b/a) _____

Address of Licensed Premise _____

Mailing Address (if different) _____

Contact Person _____

Telephone _____ E-mail address _____

BUSINESS STRUCTURE

- Corporation
- Partnership
- Limited Liability Corporation
- Individual (Sole Proprietor)
- Association or Other _____

TYPE OF LICENSE

- Retail Marijuana Cultivation
- Retail Marijuana Store
- Retail Marijuana Products Manufacturer
- Testing Facility
- Medical Marijuana Cultivation
- Medical Marijuana Center
- Medical Marijuana Products Manufacture

TYPE OF APPLICATION

- New License
- License Renewal
- Change of Location
- Modification of Premises
- Change in Business Manager
- License Modification
- Change of Ownership
- Late License Renewal
- Pending Application Modification
- Change in Corporate Structure
- Change Corp. or Trade Name
- Change of Financier

FEES AND SUPPLEMENTAL INFORMATION

Fees must be submitted with application in the form of a cashiers check or money order. See attached Fee Schedule. Attach supplemental information according to instructions for type of application.

AFFIRMATION AND CONSENT

I affirm that I have reviewed this application and all associated documents and that the contents and statements made therein are true and correct to the best of my knowledge and belief. I understand that any misrepresentation or failure to disclose information requested or pertinent information may be deemed good cause to deny, withhold, or revoke a license. Furthermore, I understand that any misrepresentations or omissions may subject me to civil or criminal liability.

Applicant Signature

Date: _____

Registered Agent (if applicable)

Date: _____

MEDICAL AND RETAIL MARIJUANA LICENSING FEES

4/24/2018

STORE (RETAIL)		APPLICATION FEE / LICENSE FEE	
New Application		\$3,000	\$2,000
Transfer Ownership		\$3,000	\$2,000
Renewal		\$1,500	\$2,000
Operating Fee		\$3,000	
CENTER (MEDICAL)		APPLICATION FEE / LICENSE FEE	
New Application		\$3,000	\$2,000
Transfer Ownership		\$3,000	\$2,000
Renewal		\$1,500	\$2,000
Operating Fee		\$3,000	
CULTIVATION		APPLICATION FEE / LICENSE FEE	
New Application		\$3,000	\$2,000
Transfer Ownership		\$3,000	\$2,000
Renewal		\$1,500	\$2,000
Operating Fee		\$3,000	
PRODUCT MFG		APPLICATION FEE / LICENSE FEE	
New Application		\$3,000	\$2,000
Transfer Ownership		\$3,000	\$2,000
Renewal		\$1,500	\$2,000
Operating Fee		\$3,000	
TESTING FACILITY		APPLICATION FEE / LICENSE FEE	
New Application		\$3,000	\$2,000
Transfer Ownership		\$3,000	\$2,000
Renewal		\$1,500	\$2,000
Operating Fee		\$3,000	
ADMINISTRATIVE SERVICES FEES			
CONVERSION MMJ TO RMJ		\$250	
(established by the State)			
BACKGROUND INVESTIGATION		\$750/per person	
CHANGE BUSINESS MANAGER		\$200	
PROCESSING FEE / SUPPORT EMPLOYEE APPLICATION		\$100/person	
MODIFICATION OF PREMISES		\$500	
CHANGE OF LOCATION		\$2,000	
PENDING APPLICATION MODIFICATION		\$500	
LATE RENEWAL FEE		\$750	

MEDICAL AND RETAIL MARIJUANA LICENSING FEES

4/24/2018

LICENSE MODIFICATION		\$500
CHANGE OF CORPORATE		\$200/person
STRUCTURE		
CHANGE OF FINANCIER		\$1,500
ZONING VERIFICATION		\$100
DUPLICATE LICENSE		\$50
TEMPORARY PERMIT (TRANSFER)		\$2,500
CHANGE IN CLASS OF LICENSE		\$200
CHANGE OF TRADE NAME		\$50
LOTTERY APPLICATION		\$100



AUTHORIZATION TO USE PROPERTY FOR A MARIJUANA BUSINESS

Property Address: _____ Lafayette, CO 80026

Name of Lessee: _____

Lessee's Business Name: _____

As owner of the property described above, I hereby consent to the use of said property for the purpose(s) of conducting a marijuana business as follows, so long as said use is authorized under and in accordance with applicable state and local laws:

- Retail Marijuana Cultivation
- Retail Marijuana Store
- Retail Products Manufacturer
- Marijuana Testing Facility
- Medical Marijuana Center Cultivation
- Medical Marijuana Center
- Medical Marijuana Products Manufacturer

Term of Approval: _____ (examples: indefinitely; to coincide with term of lease; specific date to specific date; certain amount of time from issuance of license, etc.)

I understand that the lessee must operate the business on the property described above according to the provisions of Chapter 56 (as may be amended) of the Code of Ordinances of the City of Lafayette. I further understand that in issuing a marijuana business license, the City of Lafayette assumes no legal liability or duty of care regarding the licensee's business operation or possession of the property.

I hereby release the City, its officers, elected officials, employees, attorneys and agents from all liability for claims of damages of any kind whatsoever, present or future, in any way relating to or arising from the conduct of the lessee/licensee's business operation on said property.

Signature of Property Owner or Authorized Agent

Printed Name / Property Owner or Authorized Agent

Date

Company Name

State of Colorado
County of Boulder

Address

Telephone

Subscribed before me on this ____ day of _____, 20____, by: _____

Name of Signatory

Notary Public

[SEAL]

My Commission Expires: _____



LAWFUL PRESENCE AFFIDAVIT
FOR INDIVIDUALS (SOLE PROPRIETORS)
APPLYING FOR A MARIJUANA BUSINESS LICENSE

New License

Transfer License

I, _____, dba _____
swear or affirm under penalty of perjury under the laws of the State of Colorado that
(check one):

- _____ I am a United States citizen, or
- _____ I am a Permanent Resident of the United States, or
- _____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8- 503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Form of ID Presented: _____

Valid Colorado Driver's License, Colorado ID card, Military ID, Coast Guard Mariner, or Native American Tribal Documents are acceptable forms of identification

STATE OF COLORADO
COUNTY OF BOULDER

I, _____ Notary Public in and for said County and
State, do hereby certify that on this _____ day of _____, 20____,
_____ appeared before me in person and executed the
above instrument.

IN WITNESS THEREOF, I have hereunto set my hand and seal.

Notary Public

[SEAL]

My commission expires: _____

Finance Dept _____



APPLICATION FOR SALES AND USE TAX LICENSE

NO FEE REQUIRED

Owner's or Corporate Name
Name of Business (DBA)
Business Address (Street, City, State, Zip)
Mailing Address (Street, City, State, Zip)
Nature of Business (Type of sales/service)
Does your business acquire, possess, cultivate, manufacture, produce, use, sell, distribute, dispense, or transport marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partner ___% <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Explain)
Federal Employer Identification Number (FEIN) or Social Security Number (SSN) - Application will NOT be processed if missing
State of Colorado Sales Tax Account Number - Application will NOT be processed if missing
Filing Period <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
NOTE: If the monthly average for remittance is \$40 or greater, monthly filing is required. If less than \$40 per year or fewer than two sales transactions are expected, annual filing is desired.
Will you be printing your own returns? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have software or a company who will be printing your returns, you would mark Yes, everyone else should mark No. By marking No, the City will mail you the returns for the year. Returns are not available on-line.
Date business will begin in Lafayette
If business was purchased, list name of former owner and business name (if name listed above is new)
Sales Tax Contact Name and Title
Sales Tax Contact Email Address
Business phone number
Business fax number

I, DECLARE, UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND THE STATEMENTS MADE HEREIN ARE MADE IN GOOD FAITH PURSUANT TO THE CITY OF LAFAYETTE TAX LAWS AND REGULATION AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE, CORRECT, AND COMPLETE.

Printed Name _____ Title _____

Signature _____ Date _____

Please mail or fax the application to:

City of Lafayette - Sales Tax	Fax (303) 604-4334
PO Box 250	Phone (303) 665-5588
Lafayette, CO 80026	

City of Lafayette Retail Marijuana License Bond

Name of Bonding Company _____

Bond Number _____

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____, Street Address _____, City _____, County of _____, State of Colorado, as Principal, and _____, a surety company qualified and authorized to do surety business in the State of Colorado, as Surety, are held and firmly bound unto the City of Lafayette, Colorado to indemnify the City of Lafayette ("City") for any loss suffered by reasons of violation of the conditions hereinafter contained in the penal sum of FIVE THOUSAND DOLLARS (\$5,000.00), lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, severally, and firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that whereas the Principal is applying for the issuance or renewal of a license issued pursuant to the City's retail marijuana licensing regulations set forth in Article III of Chapter 56 of the Code of Ordinances of Lafayette Colorado, which license or license renewal shall be valid, if not suspended or revoked, for a license period ending one year from the last day of the month of issuance of the license or renewal;

NOW, THEREFORE, if the Principal is granted a license by the City during the term of said license and any renewal thereof, the Principal shall report and pay all sales and use taxes due the City for which the City is the collector or collecting agent, in a timely manner as provided by law.

IT IS FURTHER PROVIDED that the aggregate liability of the Surety for all breaches of the condition of this bond, regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid shall not exceed the amount of the bond.

IT IS FURTHER PROVIDED the Surety shall not be required to make payments to the City claiming under this bond until a final determination of failure to pay taxes due to the City has been made by the City's Finance Director or a court of competent jurisdiction.

IT IS FURTHER PROVIDED that the Surety shall have the right to cancel this bond for any reason authorized by statute by filing forty-five (45) days' written notice of such cancellation with the Principal and with the Local Licensing Authority. If cancellation is based upon nonpayment of premium, this bond may be cancelled by the Surety upon ten (10) days' written notice to the Principal and the Local Licensing Authority.

THIS OBLIGATION may be continued from year to year by the issuance by the Surety of a proper continuation certificate delivered to the Local Licensing Authority pursuant to Section 12-43.4-303(3), C.R.S.

Dated this _____ day of _____, 20____.

For the Principal: _____ For the Surety: _____

ACKNOWLEDGMENT OF SURETY

STATE OF COLORADO

COUNTY OF _____ } SS.

On this _____ day of _____, 20____, before me, a notary public in and for the above State, personally appeared _____, to me personally known and being by me duly sworn, did say that he or she is an authorized corporate officer or the Attorney-in-Fact of _____, a corporation duly organized and existing under the laws of the State of Colorado, or authorized to do business therein, and that he or she as such officer executed the foregoing instrument for the purposes herein contained on behalf of said corporation, and further acknowledged that the instrument was executed as the free act and deed of said corporation.

IN WITNESS WHEREOF, I hereunto set my name and affixed my official seal on the day and year written above.

(SEAL)

Notary Public, State of Colorado

My commission expires _____