



COLORADO
Department of Revenue
Marijuana Enforcement Division

Marijuana Controlling Beneficial Owner Renewal Application

Marijuana Enforcement Division

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Controlling Beneficial Owner (CBO) Renewal Application Instructions

APPLICATION CHECKLIST

- 1 Application Type**
 Owner: Any Controlling Beneficial Owner (CBO) who holds an Owner's interest of 10% or more in a Regulated Marijuana Business (RMB) license, or any Executive Officer, Director or Manager who was previously found suitable for licensing, must renew.
- 2 Application Fully Completed**
 Type or clearly print, in English, 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 of paper and precede each answer with the appropriate title. Sign and date the application.
 All renewals must be submitted prior to expiration.
Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number. **Applicable documents must be signed prior to submission to the MED and you must INCLUDE A COPY OF YOUR DRIVER'S LICENSE.** Owners are required to be fingerprinted every 2 years and to submit those prints as part of the renewal application. If you are unsure if you need to be printed, please contact the Lakewood office (ask for Intake).
- 3 Application Contents**
- Main Application
 - Authorization Forms
 - Fingerprint Verification Form
 - IdentoGo Instructions
- 4 All Forms Signed and Attached**
 The following accompanying forms must be completed, signed and returned with the application.
- Tax Check Authorization and Request to Release Information
 - Investigation Authorization/Authorization to Release Information
 - Applicant's Request to Release Information
- 5 All Requested Information Attached**
- A copy of your State or Government Issued ID must be provided
 - Upon request by the Division, an Applicant must provide additional information or documents required to process and investigate the application, within seven (7) days of the request.
- Please note:** This deadline may be extended for a period of time commensurate with the scope of the request.
- 6 Application and License Fees**
All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.
 See fee table on website: SBG.Colorado.gov/MarijuanaEnforcement
 Application fees remitted to the State Licensing Authority and/or the Department of Revenue are non-refundable.
- Submit complete hard copy application packet.
 - Checks (in the name of the applicant or applicants attorney's trust account), money orders and major credit cards (subject to service charge) are acceptable forms of payment.
- NOTE: There is no grace period for Owner licenses. If your license expires, you will be required to reapply for a new license and pay all required fees.**
- 7 Application Submittal**
 Applications can be submitted in person or by mail with all attachments and requisite fees (NO CASH) to:
 Marijuana Enforcement Division
 1697 Cole Blvd., Suite 200
 Lakewood, CO 80401
 ATTN: Business Licensing
- NOTE: Incomplete applications will not be processed. Applicants or their representative 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.**

Owner Renewal Application Form

Please Update All Information Below							
Last Name		First Name		Middle Name			
Home Phone Number		Cell Phone Number		License Number		Expiration Date	
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X		Race <input type="checkbox"/> Asian <input type="checkbox"/> Mixed Race <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Undisclosed/Unknown					
Date of Birth (MMDDYYYY)		Social Security Number		Government Issued ID Number & Jurisdiction			
Street Address (Include unit or apt. number)							
City				County		State	ZIP
Mailing Address (Include unit or apt. number)							
City						State	ZIP
Email Address							
1. Since you last renewed, have you been convicted of ANY crime that resulted in a Felony conviction, including but not limited to, probation, parole or deferred judgment? *If you answered YES, explain in detail on a separate sheet, provide official court documentation and attach to your application.							<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently delinquent in any past due taxes, penalties or interest due to the Colorado Department of Revenue, relating to a Regulated Marijuana Business?							<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you delinquent in the payment of any child support? If so, you must provide an agreement to pay.							<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you 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) order to show cause; (4) suspension; (5) fine; (6) revocation; (7) stipulation or settlement; If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.							<input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmation & Consent							
I state under penalty of perjury the above statements and information are true and correct to the best of my knowledge and belief, and 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 of Colorado. Further, I am aware later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of my renewal application or the revocation of my Colorado marijuana license. I am voluntarily submitting this application to the Colorado Marijuana Enforcement Division under oath with full knowledge I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law. I further consent to any background investigation necessary to determine my present and continuing suitability and this consent continues as long as I hold a Colorado 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.							
Signature of Applicant						Date (MMDDYYYY)	
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER REQUIRED							
Printed Name of Applicant							

Pursuant to section 44-10-305(4) C.R.S., prior to submitting an application for a license, registration or permit, the applicant needs to be aware that having a medical marijuana or retail marijuana license and working in the medical marijuana or retail marijuana industry may have adverse federal immigration consequences.

Tax Check Authorization and Request To Release Information

I _____ am signing this waiver on behalf of _____
 (the "Applicant/Licensee") to permit 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 44-10-202(1), 44-10-307(1)(e), C.R.S. This waiver is made pursuant to 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 employee license under the marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314, 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 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 any state 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.
2. 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.
3. 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.

Applicant/Licensee authorizes 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 Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist 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		
Legal Last Name (Please Print)		Legal First Name		Full Middle Name
Applicant's Signature				Date (MMDDYYYY)

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Investigation Authorization/Authorization to Release Information

I, _____, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, 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 that 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 authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that 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 that 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 that 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 "nonpublic" 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 that 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:

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Signature		Date (MMDDYYYY)
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER REQUIRED		

Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

Applicant's Request to Release Information

TO: (Leave this Blank)	FROM: (Applicant's Printed Name)
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1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
 - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
 - (c) To place the name of the agent presenting this request in the appropriate location on this request.
5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution.
7. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant.
8. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
9. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Applicant's Last Name (Please Print)	First Name	Full Middle Name
Signature		Date (MMDDYYYY)
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER REQUIRED		

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Verification of Fingerprints

(Disregard this form if you are being printed with IdentoGO or Colorado Fingerprinting)

<p>This form is to be completed by representative taking the applicant's fingerprints.</p> <p>Please print or type all information other than signature.</p>	
<p>Reason for Fingerprinting:</p> <p> <input type="checkbox"/> Finding of Suitability <input type="checkbox"/> Transporter License <input type="checkbox"/> Owner Renewal <input type="checkbox"/> Operator License </p>	
Name of Applicant	MED License Number (If Applicable)
Name of Representative Taking Fingerprints	Title
Name of Agency Taking Fingerprints	ORI Number (If applicable)
<p>Applicant's Identity Verified By:</p> <p> <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport </p>	
Document Number	
Signature of Representative Taking Fingerprints	Date (MMDDYYYY)

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How to use the Identogo website

(<https://uenroll.identogo.com>)

1 Enter the MED Service Code Code is: 25YGBJ (do not do anything with the options at the bottom of the page or you will be misdirected)
2 Choose Schedule or Manage Appointment
3 Enter the required information on each of the following screens: <ul style="list-style-type: none">• Essential info• Citizenship• Personal questions• Personal info• Address• Documents (what form of ID do you wish to use to confirm Identity)• Location (here is where you will enter your zip code to find a location near you)• Choose the site you wish to go to by clicking on the expand arrow, then click the next button within that section• Date and Time (choose the date and time you want to set for your appointment.), then click submit.
4 At your fingerprint appointment You will be required to pay the \$49.50 fee.
5 Once your fingerprints are scanned, they will be sent directly to CBI If you are out-of-state, you will be REQUIRED to pay an additional fee (\$39.95) to submit the prints to Colorado.
6 Keep your receipt and send a copy of it with your application packet
7 Additional Information <ul style="list-style-type: none">• DO NOT call the site you wish to visit, as they may provide inaccurate information. Stick to the website.• If you have questions or problems, please contact michelle.bauman@state.co.us via email.