



COLORADO
Department of Revenue
Specialized Business Group—Marijuana

Regulated Marijuana Business License Application

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Regulated Marijuana Business License Application Instructions

APPLICATION CHECKLIST

1 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 and precede each answer with the appropriate title. An applicant is prohibited from operating a Regulated Marijuana Business prior to obtaining all necessary approvals or licenses from both the State Licensing Authority and the local jurisdiction. **A separate application is required for EACH license type.**

2 Application Contents

- Disclosure Requirements
- Main Application
- Authorization Forms
- Affirmation of Reasonable Care
- Publicly Traded Company (PTC) Addendum A
- Qualified Private Fund (QPF) Addendum B
- Qualified Institutional Investor (QII) Addendum C
- Research & Development (Medical only) Addendum D

The disclosure requirements and the main application must be completed in full by all applicants. If this is for a PTC, QPF or QII, the appropriate addendum must also be completed.

3 All Forms Signed & Attached

The following accompanying forms must be completed, signed and returned by each individual CBO and a representative for each CBO entity with the application:

- Affirmation & Consent
- Tax Check Authorization
- Investigation Authorization / Authorization to Release Information
- Applicant's Request to Release Information
- Affirmation of Reasonable Care

4 Required Disclosures

- See Application Required Disclosures (page 1 of application)**
- 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.

5 Application and License Fees

All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

See fee table on website: www.colorado.gov/revenue/med

Application fees remitted to the State Licensing Authority and/or the Department of Revenue, are non-refundable.

- Submit complete original or scanned application packet. All **Retail** businesses must provide one complete copy along with the applicable fee (see fee schedule). **Additional fees may be required by the local jurisdiction.**
- Cash, checks (in the name of the applicant or applicants attorney's trust account), money orders and major credit cards (subject to service charge).
- Mail-in applications can only be paid by check or money order.

You are responsible for knowing who your Local Licensing Authority is. **NO Transfers/Changes of Ownership applications will be accepted until after the state license is issued.**

6 Application Submittal

Applications can be submitted in person or by mail with all attachments and requisite fees:

Marijuana Enforcement Division
1707 Cole Blvd., Suite 300, Lakewood, CO 80401
ATTN: Business 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.

New Business Application Required Disclosures

- Consolidated Financial Statements (Must provide Balance Sheet, Income Statement & Cash Flow Statement for the previous calendar year), including auditors reports and footnotes, if applicable. (See separate PTC requirements on PTC Addendum)
- Audited (PTC only) Not Audited
- Copy of the Local license application, if required for a Regulated Marijuana Business.
- Organizational Chart, including the identity and ownership percentage of all CBO's.
- Certificate of Good Standing from jurisdiction where Entity was formed. (Must be U.S. or country that authorizes the sale of marijuana).
- Organizational documents including identity and physical address of the registered agent in Colorado.
- Organizational Documents (Indicate which document is being provided)
- Articles of Incorporation By-Laws Shareholder agreement Operating Agreement for LLC Partnership Agreement for partnership
- Corporate Governance Documents
- Required for Publicly Traded Companies Permitted, but not required for Privately held companies
- Proof of Possession of Licensed Property (Indicate which document is being provided)
- Deed Lease Sublease Rental Agreement Contract
- Facility Diagrams – Provide a Legible and Accurate diagram for the facility. The diagram must include a plan for the Licensed Premises and a separate plan for the Security/Surveillance, including camera location, number and direction of coverage. If the diagram is larger than 8.5x11 inches, the Applicant must also provide a PDF copy of the diagram.
- Licensed Premises Security and Surveillance
- A copy of any contracts, agreements, royalty agreements, equipment leases, financing agreement, security contract or any other IFIH required to be disclosed by Rule 2-230(A)(3).
- A copy of any management agreement(s).
- Provide a list of any sanctions, penalties, assessments or cease and desist orders.

Addendums:

- PTC QPF QII

Glossary of Terms:

RMB - Regulated Marijuana Business
PBO - Passive Beneficial Owner
QII - Qualified Institutional Investor
PTC - Publicly Traded Company

CBO - Controlling Beneficial Owner
IFIH - Indirect Financial Interest Holder
QPF - Qualified Private Fund

Affirmation of complete application

Signature <small>THIS FORM MUST BE SIGNED IN ACROBAT PRO OR READER</small>		Printed Name Date
-------------------------------------------------------------------------------	--	----------------------

Marijuana License Number (Leave Blank)

Colorado Marijuana Licensing Authority

Regulated Marijuana Business License Application

License Types					
<input type="checkbox"/> New Retail		<input type="checkbox"/> New Medical			
<input type="checkbox"/> Retail Marijuana Store		<input type="checkbox"/> Retail Marijuana Products Manufacturer			
<input type="checkbox"/> Retail Marijuana Cultivation Facility					
<input type="checkbox"/> Retail Marijuana Testing Facility		<input type="checkbox"/> Retail/Medical Marijuana Combined Use - Combined with Lic. # _____			
<input type="checkbox"/> Retail Marijuana Business Operator					
<input type="checkbox"/> Retail Marijuana Transporter					
<input type="checkbox"/> Retail Marijuana Transporter No Premises					
<input type="checkbox"/> Medical Marijuana Store		<input type="checkbox"/> Medical Marijuana Transporter			
<input type="checkbox"/> Medical Marijuana Products Manufacturer		<input type="checkbox"/> Medical Marijuana Transporter No Premises			
<input type="checkbox"/> Medical Marijuana Testing Facility		<input type="checkbox"/> Marijuana Research & Development Facility			
<input type="checkbox"/> Medical Marijuana Business Operator		<input type="checkbox"/> Medical Marijuana Cultivation Facility			
Applicant's Legal Business Name (Please Print)					
Registered Trade Name (DBA)					
Federal Taxpayer ID		Colorado Sales Tax License #		Name of Registered Agent (with CO Secretary of State)	
Physical Address					
Street Address of Marijuana Business					Business Phone Number
City	County	State	ZIP	Email Address	
Mailing Address (if different from Physical Address)					
Address			City	State	ZIP
Main Business Contact Person Information					
Primary Contact Person for Business				Primary Contact Phone Number	
Primary Contact Email					
Physical Address of Contact Person					
City				State	ZIP
Jurisdiction of Incorporation or Creation of Business Entity					Date
If a Corporation, List all Jurisdictions Where the Corporation is Authorized to Conduct Business					

Ownership Structure - Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, managers and any other individual that Controls the RMB.

Name		SSN/FEIN		DOB	License Number
------	--	----------	--	-----	----------------

Address (Home)		City	State/Prov	ZIP	Phone Number
----------------	--	------	------------	-----	--------------

Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
----------------------------------------------------------	--	---------------	--	---------------------	--

Name		SSN/FEIN		DOB	License Number
------	--	----------	--	-----	----------------

Address (Home)		City	State/Prov	ZIP	Phone Number
----------------	--	------	------------	-----	--------------

Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
----------------------------------------------------------	--	---------------	--	---------------------	--

Name		SSN/FEIN		DOB	License Number
------	--	----------	--	-----	----------------

Address (Home)		City	State/Prov	ZIP	Phone Number
----------------	--	------	------------	-----	--------------

Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
----------------------------------------------------------	--	---------------	--	---------------------	--

Name		SSN/FEIN		DOB	License Number
------	--	----------	--	-----	----------------

Address (Home)		City	State/Prov	ZIP	Phone Number
----------------	--	------	------------	-----	--------------

Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
----------------------------------------------------------	--	---------------	--	---------------------	--

Name		SSN/FEIN		DOB	License Number
------	--	----------	--	-----	----------------

Address (Home)		City	State/Prov	ZIP	Phone Number
----------------	--	------	------------	-----	--------------

Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
----------------------------------------------------------	--	---------------	--	---------------------	--

Name		SSN/FEIN		DOB	License Number
------	--	----------	--	-----	----------------

Address (Home)		City	State/Prov	ZIP	Phone Number
----------------	--	------	------------	-----	--------------

Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
----------------------------------------------------------	--	---------------	--	---------------------	--

Name		SSN/FEIN		DOB	License Number
------	--	----------	--	-----	----------------

Address (Home)		City	State/Prov	ZIP	Phone Number
----------------	--	------	------------	-----	--------------

Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
----------------------------------------------------------	--	---------------	--	---------------------	--

Name		SSN/FEIN		DOB	License Number
------	--	----------	--	-----	----------------

Address (Home)		City	State/Prov	ZIP	Phone Number
----------------	--	------	------------	-----	--------------

Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
----------------------------------------------------------	--	---------------	--	---------------------	--

Are there any outstanding options, warrants or contracts, that may be exercised into an Owner's Interest in the RMB within the next 60 days that would constitute a CBO?				Yes	No
*If YES, attach list of persons				<input type="checkbox"/>	<input type="checkbox"/>

Are there any other Persons, other than those listed in the Ownership Structure, that can control the RMB?				<input type="checkbox"/>	<input type="checkbox"/>
*If YES, attach list of persons					

Printed Legal Business Name	Printed Trade Name (DBA)
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Indirect Financial Interest Holder - List those with 2 or more interests (PBO, lease, Intellectual Property agreements, finance and/or equipment lease agreements, etc.) or loans that are 50% or more of the operating capital as defined in Rule 2-230(A)(3).

Name of Interest Holder	Date of Birth	FEIN/SSN	Address
List Types of Interests			
Name of Interest Holder	Date of Birth	FEIN/SSN	Address
List Types of Interests			
Name of Interest Holder	Date of Birth	FEIN/SSN	Address
List Types of Interests			
Name of Interest Holder	Date of Birth	FEIN/SSN	Address
List Types of Interests			

1. Is the applicant (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. MEDICAL ONLY Are the premises to be licensed within 1000 feet of a school (as defined in 10-103(67), 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.	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have or will you have possession of a licensed premises?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a Person (Entity) applying for a license at a location that is currently licensed as a retail food establishment? If YES, provide details on a separate sheet and attach any applicable documents.	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign or security law or regulation, ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any applicable documents.	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past year, has the applicant (including any parent companies), 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, provide details on a separate sheet and attach any applicable documents.	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant filed all Finding of Suitability applications required by the Division?	<input type="checkbox"/>	<input type="checkbox"/>

Local Licensing Authority (To be completed by Applicant)	
Local Licensing Authority	Local Licensing Authority contact name
Contact Phone	Contact Email
Does the local licensing authority permit this type of business in their jurisdiction?	Yes No <input type="checkbox"/> <input type="checkbox"/>

Affirmation & Consent

I/We, _____, as an owner(s) for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Regulated Marijuana Business License Application statements, attachments, and supporting schedules are true and correct to the best of my/our 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/We am/are aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the marijuana business application. I/We am/are voluntarily submitting this application to the Colorado Marijuana Licensing Authority, under oath, with full knowledge that I/We 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/We further consent to any background investigation necessary to determine my/our present and continuing suitability and that this consent continues as long as I/We 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(s) 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
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			REQUIRED
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			

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.

Note: If there are more than four (4) owners, please use a second Affirmation & Consent page.

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) and 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 medical 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	

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:

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
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)
<p>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.</p> <p>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.</p> <p>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.</p> <p>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:</p> <p style="margin-left: 40px;">(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;</p> <p style="margin-left: 40px;">(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:</p> <p style="margin-left: 40px;">(c) To place the name of the agent presenting this request in the appropriate location on this request.</p> <p>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.</p> <p>6. This power of attorney ends twenty-four (24) months from the date of execution.</p> <p>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.</p> <p>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.</p> <p>9. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.</p>		
Applicant's Legal Business Name		
Trade Name (DBA)		
Applicant's Last Name (Please Print)	First Name	Full Middle Name
Signature		Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER		REQUIRED

AFFIRMATION OF REASONABLE CARE – PRIVATE COMPANY

Pursuant to subsections 44-10-309(4) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Passive Beneficial Owners, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, _____, as Controlling Beneficial Owner or Manager for
Print

_____, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

Date

AFFIRMATION OF REASONABLE CARE – PUBLICLY TRADED CORPORATION

Pursuant to subsections 44-10-309(5) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Non-objecting Passive Beneficial Owner, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, _____, as Controlling Beneficial Owner or Manager for
Print

_____, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

Date

Addendum A - NEW Business Application

Publicly Traded Company (PTC) Please provide:		
Stock Trading Symbol	Name of Exchange(s) Traded On	NAICS/SIC Code
Identify all regulatory agencies with oversight over the PTC's securities		
Reporting agencies required reports submitted on:		
Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)		
Date of Registration with the Department of Regulatory Agencies (DORA)	Number	
Provide a description of the Publicly Traded Company's business and documents establishing the Publicly Traded Company (PTC) qualifies to hold a RMB license as referenced in 44-10-103 (50).		
Description		
Attach a divestiture plan of any CBO that is prohibited by Section 44-10-307 that has had his or her Owner's License revoked or has been found unsuitable.		
Attach the most recent list of Non-Objecting Beneficial owners possessed by the PTC.		
Identify the type of permitted transaction, i.e. Merger, Investment, or Public Offering and attach all supporting documentation.		
Questions		
Confirm that the PTC is current with all required filings pursuant to any applicable requirements by any securities regulatory authority including, but not limited to, the United States Securities and Exchange Commission or the Canadian Securities Administrators.		
<input type="checkbox"/> All Current <input type="checkbox"/> Not Current (If not, explain on a separate sheet)		
Confirm that all mandatory filings for CBO's as required by any securities regulatory authority, including, but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators, have been filed and the MED has been provided concurrent notice with the filing. If No, explain on a separate sheet:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Addendum B - NEW Business Application

Qualified Private Fund (QPF)

Please provide:

Identify all regulatory agencies with oversight over the QPF's securities

Reporting agencies required reports submitted on:

Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)

Number

Provide a description of the QPF's business and documents establishing the QPF's qualifies to hold a RMB license.

Description

Questions

Confirm that the QPF is current with all required filings pursuant to any applicable requirements by any securities regulatory.

All Current Not Current (If not, explain on a separate sheet)

Confirm that ALL required findings of suitability, including all QPF managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB, have been obtained PRIOR TO the QPF becoming effective. If No, explain on a separate sheet:

YES NO

Addendum C - NEW Business Application

Qualified Institutional Investor (QII)

Please provide	
Identity(ies) of all Regulators with oversight over the QII's securities	
Reporting agencies required reports submitted on	
Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)	
Date of Registration with the Department of Regulatory Agencies (DORA)	Number
Provide a description of the QII's business and documents establishing the QII's qualifies to hold a RMB license.	
Questions	
1. Confirm that the QII is current with all required filings pursuant to any applicable requirements by any securities regulatory.	<input type="checkbox"/> Current <input type="checkbox"/> Not Current
If Not Current, explain.	
2. Confirm that ALL required findings of suitability including all QII managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB have been obtained PRIOR TO the QII becoming effective	<input type="checkbox"/> Yes <input type="checkbox"/> No

Addendum D

MARIJUANA RESEARCH AND DEVELOPMENT FACILITY ONLY (Disregard if you are not applying for an R & D license)	
1. Is the Applicant currently either a Marijuana Research and Development Facility Licensee ("Licensed Research Business")? If yes, attach copies of the Conditional Medical Marijuana Business License issued by the State Licensing Authority, relevant local licensing authority issued license information, and any approved Research Projects.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the License Research Business or Applicant, or parent or subsidiary of the thereof, possess a Medical Marijuana Testing Facility License issued by the State Licensing Authority? If yes, provide details in a separate document that address, at minimum, physical separation requirements of the Licensed Premises and marijuana inventory.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a separate Research Project proposal attached to this application that the Licensed Research Business or Applicant intends for the Division to review for its approval determination? a. If yes, proceed to question 4 below. b. If yes, the total application fee paid at the time of submission must include the fee amount for the Licensed Research Business application and Research Project proposal review c. If no, proceed to question 13 below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the Research Project proposal contain a description of the proposed Research Project, including at a minimum, the specific authorized research activity for which the Research Project may be authorized, defined protocols, clearly articulated goals, defined methods and outputs, defined start and end date, and the proposed quantity of Medical Marijuana, Medical Marijuana Concentrate, and/or Medical Marijuana-Infused Product reasonably required to conduct the proposed Research Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the Research Project proposal, this application, and/or any supplemental document(s), has the Licensed Research Business or Applicant disclosed all Persons who have, are, or will provide any funding for the proposed Research Project, including at a minimum, any Person who has funded or intends to fund the Licensed Research Business and/or proposed Research Project who does not hold a license issued by the State Licensing Authority and is neither a CBO nor a PBO, as an IFIH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the Research Project proposal and/or any supplemental document(s), is there disclosed any contract or agreement, or memorialization thereof, that has been entered by the Licensed Research Business or Applicant with another Marijuana Research Business or public education research institution to conduct the proposed Research Project? If yes, include copies of any such documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the proposed Research Project to be conducted in whole or in part with a Public Institution or Public Money? a. If yes, does the Research Project proposal contain all information required by section 44-10-507, C.R.S., and the Rule 5-705 series, 1 CCR 212-3, and in order to permit review of the proposed Research Project by the Scientific Advisory Council? b. If yes, does the Research Project proposal and/or any supplemental documents include disclosure(s) of any contract or agreement, or memorialization thereof, entered by the Licensed Research Business or Applicant to conduct the proposed Research Project with Public Funds or a Public Institution? If yes, attach copies of each.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the proposed Research Project to be conducted entirely with private funding? a. If yes, has the Licensed Research Business or Applicant nominated one or more independent reviewer(s) for the proposed Research Project? If yes, proceed to part (b). b. If yes, has the Licensed Research Business or Applicant provided in the Research Project proposal and/or other documents proof that each nominated independent reviewer is a qualified researcher in the field of study that's related to the proposed Research Project? If no, the Division will not determine whether the nominated independent reviewer is qualified or review the Research Project proposal. If yes, proceed to part (c). c. If yes, has the Licensed Research Business or Applicant disclosed all pre-existing financial, employment, business, or personal relationships between the Licensed Research Business or any of its Owner Licensees and each independent reviewer nominee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>9. Does the proposed Research Project involve and/or contemplate any Pesticide research activities?</p> <p>a. If yes, has the Licensed Research Business or Applicant applied for and received any necessary license, registration, certification, or permit from the Colorado Department of Agriculture? If yes, provide copies or other documentation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Does the proposed Research Project involve and/or contemplate any human subject research activities?</p> <p>a. If yes, has the Licensed Research Business or Applicant received approval and ongoing oversight and review of all aspects of the proposed Research Project by an Institutional Review Board that is registered and in good standing with the Office for Human Research Projects, United States Department of Health and Human Services? If yes, provide copies and/or other documentation evidencing such approval and oversight.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Does the proposed Research Project involve and/or contemplate any animal subject research activities?</p> <p>a. If yes, has the Licensed Research Business or Applicant provided current registration with the United States Department of Agriculture? If yes, attach a copy.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Does the proposed Research Project involve marijuana testing research activities?</p> <p>a. If yes, has the Licensed Research Business or Applicant provided proof and/or documentation that the applicant is qualified to test Medical Marijuana, Medical Marijuana Concentrate, and/or Medical Marijuana-Infused Products pursuant to at least one of the criteria in Rule 5-720, 1 CCR 212-3?</p> <p>b. If yes, has the Licensee provided proof and/or documentation that the applicant is qualified to test Medical Marijuana, Medical Marijuana Concentrate, and/or Medical Marijuana-Infused Products pursuant to Rule 5-415, 1 CCR 212-3?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. If applicant has not attached a separate Research Project proposal to this application, what is the approximate date that the applicant plans to submit to the Division the Research Project proposal? _____ (MM/DD/YYYY)</p> <p>a. If the separate Research Project proposal is the first to be submitted by a Licensed Research Business, then the submission of the Research Project proposal must occur within 12-months from the date the Division issued the Licensed Research Business License.</p> <p>b. Any Research Project proposal submitted after this application must be submitted pursuant to the procedures established by the Division.</p> <p>c. The fee cost for Division review is due at the time the Research Project proposal is submitted.</p>	
<p>14. Will this business be co-located? (May only be co-located with a commonly owned MIP, OPC, RMPM or RMC)</p> <p>* If YES, please fill out DR 8542 and include with this application</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



Payment Options:

You may pay by check, money order, bank check, cashier's check, eCheck or credit card. **DO NOT** send cash in the mail.

If you wish to pay by credit card or eCheck, please mark that below and the link to the Colorado Interactive Payment site will be emailed to you. However, there is a fee associated with either type of payment.

- Credit card payment service fee: \$.75 + 2.25% based on the total amount of the application fee.
- eCheck charges: \$1 flat fee per transaction.

Please note the charge will show as *Colorado Department of Revenue* on your bank statement. If you do not have sufficient funds and the payment is returned, you will be charged a \$41 short check fee (as authorized by statute).

Type of payment being submitted:

Check Money Order Cashier's/Bank Check email payment link