



COLORADO
Department of Revenue
Marijuana Enforcement Division

Marijuana Court Appointee/Temporary Appointee Registration Application

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Court Appointee/Temporary Appointee Registration Application Instructions

APPLICATION CHECKLIST

Court Appointee: Any person or entity appointed by a court as a receiver, personal representative, executor, administrator, guardian, conservator, trustee, or similarly situated person who is authorized by court order to take possession of, operate, manage, or control a Regulated Marijuana Business.

1 Court Appointee Types

Individual: If the Court Appointee is an individual, such individual's Temporary Appointee Registration shall be treated as an Owner License. Must submit a Notice of Court Appointment.

Entity: If the Court Appointee is an entity, such entity AND each individual identified by the entity Court Appointee, shall receive a Temporary Appointee Registration. The Court Appointee and Temporary Appointee Registrant shall submit an Application for a finding of suitability. Must submit a Notice of Court Appointment.

Licensed Operator: By virtue of its license privileges, may serve as Court Appointees without a Temporary Appointee Registration. Must submit a Notice of Court Appointment.

2 Application Completed & Signed

Type or clearly print an answer to every question. If a question does not apply to you, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application. **Attach a copy of your state issued ID or driver's license that is Real ID compliant.**

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.

3 Application Submittal

Bring in application and all attachments to:

Marijuana Enforcement Division
1697 Cole Blvd., Suite 200
Lakewood, CO 80401

NOTE: Incomplete applications WILL NOT be processed.

4 Application Fees

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

See fee table on website: SBG.Colorado.gov/MarijuanaEnforcement. Make check or money order payable to: Colorado Department of Revenue (DOR). Checks will only be accepted in the name of the applicant, owner(s) or business entity which has an ownership interest in the applicant or licensee.

Marijuana License Number (Leave Blank)

Court Appointee Finding of Suitability Application

<input type="checkbox"/> Individual Court Appointee		<input type="checkbox"/> Entity Court Appointee	
Entity Court Appointee Information			
Legal Business Name of Entity (Please Print)		Marijuana Business License #(s) Associated with	
Trade Name (DBA)		Website Address	
Federal Taxpayer ID	Colorado Sales Tax License #	Entity ID Number shown on Secretary of State Registration	
Physical Address of Entity			
Street Address			
City	County	State	ZIP
Business Phone Number		Email Address	
Mailing Address (if different from Physical Business Address)			
Address			
City	County	State	ZIP
Primary Contact Person			
Primary Contact Person for Business		Title	Primary Contact Phone Number
Primary Contact Address (city, state, ZIP)			Primary Contact Email
Individual Court Appointee Information			
Applicant's Last Name (Please Print)		First Name (Please Print)	Full Middle Name
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)		Nicknames, Aliases, Etc. Used (Full Name) (Attach separate sheet if necessary)	
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	Other Social Security Numbers Used <input type="checkbox"/> Yes (If yes attach details) <input type="checkbox"/> No	
Place of Birth: City	State	Country	Drivers License Number and State (provide copy)
Physical Appearance ⇄	Height (in feet & inches)	Weight (in pounds)	Hair Color
Eye Color	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		*If "No", include details here: (Attach separate sheet if necessary)
Alien Registration Number			
Physical Address of Applicant			
Physical Address (include unit or apartment number)			
City	County	State	ZIP
Length of time at this Address:	Home Phone Number	Cell Phone Number	Email Address
Year(s)	Month(s)		

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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Mailing Address Of Applicant (If Different From Physical Address)

Address (include unit or apartment number)

City	County	State	ZIP
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Do you currently possess a Colorado Marijuana Temporary Appointee Permit or are you an associated person in any other type of Colorado Marijuana license? Yes No
 *If "Yes", indicate license type and number here:

Do you currently own or have an ownership interest in any other marijuana businesses? *If "Yes", indicate the name of the business, license number and percentage of ownership: Yes No

Have you ever applied for a Marijuana Temporary Appointee Permit in this or any other jurisdiction, domestic or foreign, whether or not the permit was ever issued? (Not including a medical marijuana patient card) Yes No
 *If "Yes", explain here:

Have you ever been denied a Marijuana Temporary Appointee Permit, withdrawn a Marijuana Temporary Appointee Permit, or had any disciplinary action taken against any Marijuana permit that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? If "Yes", explain on another sheet of paper. Yes No

Notice: The Court Appointee Application Form is an official document. If you provide false information on your Marijuana Court Appointee Application (Temporary Appointee Permit) application and/or do not disclose all information the application asks, your permit application is subject to denial, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information.

1. Have you been **convicted** of a felony in the 3 years immediately preceding this application? (Unless charge was prior to age 18 and was adjudicated as a juvenile) Yes No
2. Are you currently subject to a sentence for a felony conviction, including probation, parole or a deferred judgment? (Unless charge was prior to age 18 and was adjudicated as a juvenile) Yes No
3. Have you failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? Yes No
4. Are you a licensed Physician making marijuana patient recommendations? **(Medical Only)** Yes No
5. Have you had your authority to act as a primary caregiver revoked by the State Health Agency? **(Medical Only)** Yes No
6. Are you under 21 years of age at the time of this application? Yes No
7. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division? Yes No
8. Are you a sheriff, deputy sheriff, police officer, prosecuting officer, an officer or employee of the marijuana state licensing authority or a local licensing authority? Yes No

STOP! If you answered YES to any of the above questions (1-7), by Colorado law you cannot obtain or hold a Colorado Marijuana Temporary Appointee Permit.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana Court Appointee Registration if I answered "Yes" to any of the questions above.

Applicant's Signature	THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER	REQUIRED	Date (MMDDYYYY)
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Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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Criminal History (DO NOT DISCLOSE CRIMINAL HISTORY WHERE NON-CONVICTION RECORD HAS BEEN SEALED OR EXPUNGED)

1. In the last 3 years have you been arrested, served with a criminal summons, charged with, or convicted Yes No of ANY felony in this or any other country?

- You must include ALL felony arrests, charges, and convictions in the last 3 years (unless charge was prior to age 18 and was adjudicated as a juvenile), regardless of the outcome, even if the charges were dismissed or you were found not guilty.
- NOTICE:** Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed, pardoned or expunged unless you were given, and have in your possession, a written order from a judge directing that action.

*If you answered YES, explain in detail on the next page of this application, using additional sheets as necessary. For each FELONY offense for which you were arrested or charged, **YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE (FELONIES ONLY)**. This information will include whether you were found guilty or not guilty and the penalty (money fine, time in jail or prison, probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.

2. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country? Yes No

3. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, Yes No or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?

*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.

Applicant's Initials: _____

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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Arrest Disclosure Form

In the last 3 years have you been arrested, served a criminal summons, charged with, or convicted of a FELONY (unless charge was prior to age 18 and was adjudicated as a juvenile)? If so, you must disclose this information to the Marijuana Enforcement Division.

Any person applying to be licensed by the Marijuana Enforcement Division must make notification to the Division of any felony criminal conviction and/or felony criminal charge pending against such person.

Failure to disclose may result in disciplinary action, up to and including the denial of your license application.

Please List Each Offense Separately

1	Date of Offense (MMDDYYYY)	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).		
2	Date of Offense (MMDDYYYY)	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).		
3	Date of Offense (MMDDYYYY)	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).		
Signature	THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER	
	REQUIRED	Date (MMDDYYYY)

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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Arrest Disclosure Form (Continued)

Please List Each Offense Separately

4	Date of Offense (MMDDYYYY)	Place of Offense	
Arresting Agency			
Original Charge			
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).			
5	Date of Offense (MMDDYYYY)	Place of Offense	
Arresting Agency			
Original Charge			
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).			
6	Date of Offense (MMDDYYYY)	Place of Offense	
Arresting Agency			
Original Charge			
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).			
Signature	THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER	REQUIRED	Date (MMDDYYYY)



Affidavit - Restrictions On Public Benefits

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

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

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

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Date (MM/DD/YY)

Affirmation & Consent

I, _____, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Temporary Court Appointee 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 the Marijuana application. 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.

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 Applicant clearly below:

Last Name of Applicant (Please Print)	First Name of Applicant	Middle Name of Applicant
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.

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		REQUIRED	Date (MMDDYYYY)

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

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Applicant's Request to Release Information

TO: (Leave this Blank)	FROM: (Applicant's Printed Name)
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1. I 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 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 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, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

4. I do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my 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 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 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 do, for myself, my 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

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 <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>		REQUIRED	Date (MMDDYYYY)



Verification of Fingerprints

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

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

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Notice of Court Appointment (“Notice”)

“Court Appointee” for purposes of this Notice means the Person identified and appointed by the attached copy of the Court Appointing Order as a receiver, personal representative, executor, administrator, guardian, conservator, trustee, or similarly situated Person; acting in accordance with section 44-10-401(3) C.R.S.; and authorized to take possession of, operate, manage, or control the Regulated Marijuana Business (“Licensed Business”) identified by the attached copy of the Court Appointing Order.

Notice to State Licensing Authority and applicable local licensing authority

This Notice is submitted to comply with the requirement of section 44-10-401(3)(a), C.R.S., that any Court Appointee must notify the state and local licensing authority, within the time frame established by Rule 2-275, that the Court Appointee accepted a court appointment to take possession of, operate, manage, or control a Licensed Business.

Affirmation of Certification to Court

Individuals: I, _____ identified by the attached Court Appointing Order as
Court Appointee First and Last Name

the Court Appointee, hereby affirm, under penalty of perjury, that prior to the court ordering Court Appointee to serve as an appointee of the identified Regulated Marijuana Business, Court Appointee complied with the certification requirement of section 44-10-401(3), C.R.S.

Entities: I, _____ am duly authorized to act on behalf of the entity
Authorized Signatory First and Last Name

identified by the attached Court Appointing Order as the Court Appointee, and hereby affirm, under penalty of perjury, that prior to the court ordering Court Appointee to serve as an appointee of the identified Regulated Marijuana Business, Court Appointee complied with the certification requirement of section 44-10-401(3), C.R.S.

Signatory Last Name	Signatory First Name	Signatory Middle Name
Legal Business Name (entities ONLY)	Signature	Date (MMDDYYYY)

Responsible Individual(s) Disclosure (Entities ONLY)

Below, completely list all individuals responsible for taking possession of, operating, managing, or controlling the Regulated Marijuana Business. **Print full legal name(s) clearly.**

Court Appointee Legal Business Name	Court Appointee Trade Name (DBA)		
Regulated Marijuana Business Legal Business Name	Licensed Business Trade Name (DBA)		
Regulated Marijuana Business State Marijuana License Number	Date (MMDDYYYY)		
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title

Note: If there are more than four (4) responsible individuals, please attach additional Notice of Court Appointment forms as is necessary to create a complete and accurate list of all responsible individuals.

Court Appointing Order

Attach to this Notice a copy of the court order appointing the Court Appointee

Affirmation of Certification to Court

<input type="checkbox"/> Individual Court Appointee		
<p>I, _____ identified by the attached Court Appointing Order as the Court Appointee, <i>Court Appointee First and Last Name</i></p> <p>hereby affirm, under penalty of perjury, that prior to the court ordering that Court Appointee to serve as an appointee of the Regulated Marijuana Business identified in the attached Court Appointing Order, Court Appointee complied with the certification requirement of section 44-10-401(3), C.R.S.</p>		
Last Name	First Name	Middle Name
Signature		Date (MMDDYYYY)

<input type="checkbox"/> Entity Court Appointee		
<p>I, _____ hereby affirm on behalf of myself as the Court Appointee, <i>Authorized Signatory First and Last Name</i></p> <p>or as authorized agent of the Court Appointee, identified by the attached Court Appointing Order, and hereby affirm, under penalty of perjury, that prior to the court ordering Court Appointee to serve as an appointee of the identified Regulated Marijuana Business, Court Appointee complied with the certification requirement of section 44-10-401(3), C.R.S.</p>		
Signatory Last Name	Signatory First Name	Signatory Middle Name
Signature		Date (MMDDYYYY)
Court Appointee Business Name	Signature	Date (MMDDYYYY)

Responsible Individual(s) Disclosure (Entities ONLY)

Certification and Disclosure

I, _____ hereby submit and certify as complete and accurate,
Authorized Signatory First and Last Name
 acting as a duly authorized agent of the Court Appointee, hereby submit and certify as complete the following list of all individuals responsible for taking possession of, operating, managing, or controlling the Regulated Marijuana Business:

Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title
Individual Last Name	Individual First	Middle Initial	Title

Licensed Marijuana Business		
Legal Business Name	State Marijuana License Number	Business Type

Court Appointee	
Legal Business Name	Trade Name (DBA)

Authorized Signatory		
Last Name	First Name	Middle Name

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Note: If there are more than 12 responsible individuals, attach additional Responsible Individual Disclosure forms as is necessary to accurately and completely disclose all responsible individuals.

Disclosure of Appointments for Other Licensed Marijuana Businesses

Disclosure		
Completely list all Regulated Marijuana Businesses, and the respective dates, during which Court Appointee is currently serving, or has previously served, as a receiver, personal representative, executor, administrator, guardian, conservator, trustee, or similarly situated person.		
Regulated Marijuana Business Legal Name	State Marijuana License Number	Business Type
Date of Appointment	Date of Appointment Termination	Appointing Authority
Regulated Marijuana Business Legal Name	State Marijuana License Number	Business Type
Date of Appointment	Date of Appointment Termination	Appointing Authority
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Date of Appointment	Date of Appointment Termination	Appointing Authority

Note: If Court Appointee is currently serving, or has previously served, as a Court Appointee for more than six (6) Regulated Marijuana Businesses, attach additional copies of this form as necessary.

Certification

I, _____ the undersigned, hereby certify, under penalty of perjury,
First And Last Name of Court Appointee or Authorized Signatory
 that the list of Regulated Marijuana Businesses on this, and any additionally attached, Disclosure form represent a complete and accurate list of all Regulated Marijuana Businesses, and the respective dates, during which Court Appointee is currently serving, or has previously served, as a Court Appointee.

Individual Court Appointee

Last Name	First Name	Middle Name
Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>		Date (MMDDYYYY)

Entity Court Appointee

Signatory Last Name	Signatory First Name	Signatory Title or Position
Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>		Date (MMDDYYYY)