



COLORADO
Department of Revenue
Specialized Business Group—Marijuana

Regulated Marijuana Business License Application – Social Equity Program

Marijuana Enforcement Division

Application Guidance

If you are applying for a License pursuant to the “Social Equity Licensee” criteria established under section 44-10-308(4), C.R.S., you must indicate whether you are (a) applying to own and operate a Regulated Marijuana Business License in order to participate in the Accelerator Program established pursuant to section 44-10-203 C.R.S., or (b) whether you are applying to own and operate a Regulated Marijuana Business independently.

Participation in the Accelerator Program as a Social Equity Licensee:

- **Required Finding of Suitability:** In addition to this business application, applicants will need to submit a request for a Finding of Suitability (in order to be issued an Owner’s License). Please visit the MED’s website to access the Finding of Suitability Application.
 - Fingerprints are required with the submission of suitability applications. Prior to application submission, visit a Colorado State Approved third-party fingerprint provider to have your fingerprints taken and **include the fingerprint receipt with your application packet.**
- **Accelerator Business Licenses Available:** When submitting this business application, applicants will need to identify which Accelerator License they intend to operate as part of the Accelerator Program (see Addendum A). Participation in the Accelerator Program is limited to Retail Marijuana operations (does not include Medical Marijuana operations). Accelerator Licenses an applicant may choose from are as follows:
 - **Accelerator Cultivator:** A Social Equity Licensee qualified to participate in the accelerator program and authorized to exercise the privileges of a Retail Marijuana Cultivation Facility on the premises of an Accelerator-Endorsed Retail Marijuana Cultivation Facility.
 - **Accelerator Manufacturer:** A Social Equity Licensee qualified to participate in the accelerator program and authorized to exercise the privileges of a Retail Marijuana Products Manufacturer on the premises of an Accelerator-Endorsed Retail Marijuana Products Manufacturer.
 - **Accelerator Store:** A Social Equity Licensee qualified to participate in the accelerator program and authorized to exercise the privileges of a Retail Marijuana Store on the premises of an Accelerator-Endorsed Retail Marijuana Store.
- **Required Accelerator-Endorsed Licensee:** Prior to exercising any privileges of an Accelerator License, any person approved to participate in the Accelerator Program will first need to designate an Accelerator-Endorsed Licensee. An Accelerator Endorsed Licensee is a Retail Marijuana Cultivation Facility Licensee, Retail Marijuana Products Manufacturer Licensee, or a Retail Marijuana Store Licensee who has been endorsed to host and offer technical and capital support to a Social Equity Licensee.

Independent Operations as a Social Equity Licensee:

- **Required Finding of Suitability:** In addition to this business application, applicants will need to submit a request for a Finding of Suitability (in order to be issued an Owner’s License). Please visit the MED’s website to access the Finding of Suitability Application.
 - Fingerprints are required with the submission of suitability applications. Prior to application submission, visit a Colorado State Approved third-party fingerprint provider to have your fingerprints taken and **include the fingerprint receipt with your application packet.**
- **Business Licenses Available:** When submitting this business application, applicants will need to identify which Business License they intend to operate. Applicants seeking to independently operate a Regulated Marijuana Business (outside of the Accelerator Program) may select from any of the Medical and Retail Marijuana Business licenses issued by the MED, subject to local licensing authority requirements, restrictions, and prohibitions.

Glossary of Terms:

RMB - Regulated Marijuana Business
PBO - Passive Beneficial Owner

CBO - Controlling Beneficial Owner
IFIH - Indirect Financial Interest Holder

Colorado Marijuana Enforcement Division

Regulated Marijuana Business License – Social Equity Program 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 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
- Affirmation of Eligibility for Social Equity License & Supporting Documents

3 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. This deadline may be extended for a period of time commensurate with the scope of the request.

4 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.**

5 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 Social Equity 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.

Copy of the Local license application, if required for a Regulated Marijuana Business.

Organizational Chart, including the identity and ownership percentage of all CBOs.

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 the property to be used as the Licensed Premises, if required. (Indicate which document is being provided). Proof of possession is NOT required for applicants seeking to participate in the Accelerator Program.

Deed

Lease

Sublease

Rental Agreement

Contract

Facility Diagrams – Provide a legible and accurate diagram for the facility, if required. 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. Facility diagrams are NOT required for applicants seeking to participate in the Accelerator Program.

Licensed Premises

Security and Surveillance

A copy of any contracts, agreements, accelerator 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

Accelerator (If applicable)

Affirmation of complete application

Signature

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Printed Name

Date

Marijuana License Number (Leave Blank)
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Colorado Marijuana Licensing Authority

Regulated Marijuana Business License – Social Equity Program Application

Attention:
Accelerator Program Applicants: You are not required to complete the fields on this or the following page. Instead, continue completing this application beginning with the section on “Indirect Financial Interest Holders” and please complete ADDENDUM A (to provide required address, contact, and ownership structure information).

License Types

<input type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Retail Marijuana Cultivation Facility <input type="checkbox"/> Retail Marijuana Testing Facility <input type="checkbox"/> Retail Marijuana Business Operator <input type="checkbox"/> Retail Marijuana Transporter	<input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Accelerator License Applicant - (Complete Addendum A) <input type="checkbox"/> Retail Marijuana Transporter - No Premises
<input type="checkbox"/> Medical Marijuana Store <input type="checkbox"/> Medical Marijuana Products Manufacturer <input type="checkbox"/> Medical Marijuana Testing Facility <input type="checkbox"/> Medical Marijuana Business Operator	<input type="checkbox"/> Medical Marijuana Transporter <input type="checkbox"/> Medical Marijuana Transporter - No Premises <input type="checkbox"/> Marijuana Research & Development Facility <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

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
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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. (Social Equity ownership must comply with 44-10-308(4)(d), C.R.S.)

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	
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? *If YES, attach list of persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any other Persons, other than those listed in the Ownership Structure, that can control the RMB? *If YES, attach list of persons	<input type="checkbox"/>	<input type="checkbox"/>

Printed Legal Business Name		Printed Trade Name (DBA)	
Indirect Financial Interest Holders - 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 <input type="checkbox"/>	No <input type="checkbox"/>
2. MEDICAL ONLY (Not applicable to the Accelerator Program) 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. 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"/>
4. 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 Regulated 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"/>
5. 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"/>
6. In the past year, has the applicant been arrested, indicted, or convicted of ANY felony crime or offense, or is the applicant currently subject to a deferred judgment or sentence for a felony? If YES, provide details on a separate sheet and attach any applicable documents. Please note the State Licensing Authority will not deny an application for a Social Equity License or a related request for a finding of suitability on the sole basis of a marijuana conviction.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the applicant filed all Finding of Suitability applications required by the Division?	<input type="checkbox"/>	<input type="checkbox"/>


Local Licensing Authority/Jurisdiction (To be completed by Applicant)	
Local Licensing Authority/Jurisdiction	Local Licensing Authority/Jurisdiction contact name
Contact Phone	Contact Email
Have you confirmed the local licensing authority permits this type of business in their jurisdiction?	Yes <input type="checkbox"/> No <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 social equity 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 <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>			Date
Last Name of Owner (Please Print)		First Name of Owner	Middle Name of Owner
Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>			Date
Last Name of Owner (Please Print)		First Name of Owner	Middle Name of Owner
Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>			Date
Last Name of Owner (Please Print)		First Name of Owner	Middle Name of Owner
Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>			Date

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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				

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			

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Applicant's Request to Release Information

TO: (Leave this Blank)		FROM: (Applicant's Printed Name)	
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> (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 Legal Business Name			
Trade Name (DBA)			
Applicant's Last Name (Please Print)		First Name	Full Middle Name
Signature		Date	<div style="text-align: center;">  </div>
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			

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

Affirmation of Eligibility for Social Equity License

Applicant affirms that, prior to submission of this application, he/she was compliant with the following criteria established pursuant to section 44-10-308 (4), C.R.S., and that he/she qualifies to be a social equity licensee.

1. The applicant is a Colorado resident.
 - a. Applicant may demonstrate his/her residency by submitting
 - 1) A current valid Colorado driver's license or Colorado identification card with a current address
 - 2) A government issued photo identification and two (2) of the following documents:
 - Utility or telephone bill
 - Vehicle registration
 - Voter registration card
 - Statement from a major creditor
 - Bank statement
 - Recent County tax notice
 - Recent contract/mortgage statement
2. The applicant has not previously owned a Regulated Marijuana Business that was subject to revocation.
3. The applicant has demonstrated at least one of the following: (Check at least one of the applicable criteria)
 - The applicant resided for at least fifteen (15) years between the years 1980 and 2010 in a census tract designated by the Office of Economic Development and International Trade as an Opportunity Zone, or designated as a Disproportionate Impacted Area. (A Disproportionate Impacted Area is defined as a census tract in the top 15% of the following: (a) unemployment, (b) school dropout rates, (c) poverty, or (d) the number of individuals receiving public assistance.)
 - a. To demonstrate the Applicant residence during the relevant time period he/she may submit:
 - School records, rental or lease agreements, utility bills, mortgage statements, loan documents, bank records, tax returns, or other documents which proves the applicant's residency
 - An affirmation, under penalty of perjury, of the applicant's residence and provide the name(s) and contact information for at least one individual who can verify the applicant's place of residency during the time period at issue.
 - The applicant or applicant's parent, legal guardian, sibling, spouse, child, or minor in their guardianship was, (a) arrested for a marijuana offense, (b) convicted of a marijuana offense, or (c) was subject to civil asset forfeiture related to a marijuana investigation.
 - a. The applicant must provide affirmation of the familial relationship, and court or other documents demonstrating the family member's arrest or conviction or that the family member was subject to asset forfeiture related to a marijuana investigation
 - The applicant's household income in the year prior to application did not exceed fifty percent (50%) of the state median income as measured by the number of people who reside in the Applicant's household.
 - a. The applicant must provide his/her tax return for the prior year
4. The applicant, or collectively one or more social equity proposed licensees, will hold at least fifty-one percent (51%) ownership of the Regulated Marijuana Business.

I, _____, as the applicant for this New Regulated Marijuana Social Equity
Print

Business 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 Social Equity Business Application

Accelerator License

License Types		<input type="checkbox"/> Accelerator Retail Manufacturer	<input type="checkbox"/> Accelerator Retail Cultivator	<input type="checkbox"/> Accelerator Retail Store
[REDACTED]		<input type="checkbox"/> Co-Located on Licensed Premises of Associated RMB	<input type="checkbox"/> Located at Separate Address	
Applicant's Last Name (Please Print)		Applicant's First Name		Applicant's Full Middle Name
Applicant's Street Address			Applicant's Phone Number	
County	City		State	Zip
Please provide documents showing you have met the qualifications to be a social equity applicant. (See Affirmation on Page #10)				
Are you currently a Controlling Beneficial Owner (CBO) of a Regulated Marijuana Business?				<input type="checkbox"/> Yes <input type="checkbox"/> No
RMB License Name with which Applicant will be associated				
<input type="checkbox"/> [REDACTED]				
RMB License Number with which Applicant will be associated			Accelerator Endorsement Number	
<input type="checkbox"/> [REDACTED]			<input type="checkbox"/> [REDACTED]	
Definition				
RMB - Regulated Marijuana Business			CBO - Controlling Beneficial Owner	
Physical Address of Associated RMB – Shared Licensed Premises				<input type="checkbox"/> N/A – Endorsement Holder Not Identified
Street Address of RMB Business				
County	City		State	Zip
Phone Number	Email Address			
Physical Address of Accelerator Business – Separate from Associated RMB				<input type="checkbox"/> N/A – Endorsement Holder Not Identified
Street Address				
County	City		State	Zip
Phone Number	Email Address			
Mailing Address if Different from Physical Address				
Street Address				
City			State	Zip
Local Licensing Authority (To be filled out by Applicant)				(Required for Separate Licensed Premises)
Local Licensing Authority/Jurisdiction				
Local Licensing Authority Contact Name				
Contact Phone Number	Contact Email Address			
Has the Applicant been granted approval of the Accelerator License by the local licensing authority? (If required)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature				Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER				

(continued on next page)

Addendum A - NEW Social Equity Business Application (continued)

Accelerator License

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

Ownership Structure - Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, managers and any other individual that Controls the RMB. (Social Equity ownership must comply with 44-10-308(4)(d), C.R.S.)				
Name		SSN	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	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	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	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	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 <input type="checkbox"/> <input type="checkbox"/>
*If YES, attach list of persons				
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				