

Marijuana Permit Number (Assigned by Division)
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## Colorado Marijuana Licensing Authority Regulated Marijuana Delivery Permit

**Please Note:** A separate delivery permit is required for medical and retail licenses.

<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Medical <input type="checkbox"/> Retail
Legal Name of Marijuana Business (Please Print)	
Trade Name (DBA)	Website Address
Primary License number with which delivery permit will be associated (entity, address, and expiration date will be on the delivery permit)	
Additional license number(s) with which the delivery permit will be associated. All licenses must have identical Controlling Beneficial Owners, be the same license type, and in the same local jurisdiction.	
Identify RMB license type held	
<input type="checkbox"/> Medical Marijuana Store <input type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Medical Marijuana Transporter <input type="checkbox"/> Retail Marijuana Transporter	
<b>Transporters Only</b>	
Identify Stores who hold, or will hold, a valid delivery permit with which you have/will contract with for deliveries. <b>New</b> applicants may leave this blank if no Stores have been identified. <b>Renewal</b> applicants, please provide this information.	
<b>Physical Address of Primary License identified above</b>	
Street Address of licensed business location	
City	County
	State
	ZIP
Business Phone Number	Email Address
<b>Mailing Address</b>	
Street Address	
City	County
	State
	ZIP
Does the licensee have legal possession of the delivery vehicle(s) by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession of each vehicle. Deed, Title, sale or lease agreements etc. Also attach proof of vehicle insurance and registration.	
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in detail in the space provided below)	

(continued on next page)

**Local Licensing Authority (To be filled out by Applicant)**

Local Licensing Authority		
Local Licensing Authority Contact Name	Contact Phone	Contact Email
1. Has the Local Licensing Authority and/or Local Jurisdiction where the Applicant is located permitted delivery of Regulated Marijuana in the jurisdiction by ordinance or resolution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is the Local Licensing Authority and/or Local Jurisdiction where the Applicant is located currently accepting applications for delivery permits? (If required) a. Attach a copy of any local license or local approval, if required.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is an online platform provider being used? If yes, then provide the name of the provider	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has the Applicant completed all requirements in rule 3-505 in order to be designated a “responsible vendor” of Regulated Marijuana? If YES, please identify which Approved Training Program(s) were used.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Has the Medical or Retail Marijuana Store collected the one-dollar surcharge on every delivery and timely remitted this to the municipality or county where the Store is located? (RENEWAL ONLY)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Identify local jurisdictions where you are/will be making deliveries. (If known)		

**Print Full Legal Name of Owner clearly below**

Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner
Authorized CBO Signature <b>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</b>		Date



PURSUANT TO 44-10-305(4) PRIOR TO SUBMITTING AN APPLICATION FOR A LICENSE, REGISTRATION OR PERMIT, THE APPLICANT NEEDS TO BE AWARE THAT HAVING A MEDICAL MARIJUANA OR RETAIL MARIJUANA LICENSE AND WORKING IN THE MEDICAL MARIJUANA OR RETAIL MARIJUANA INDUSTRY MAY HAVE ADVERSE FEDERAL IMMIGRATION CONSEQUENCES.