



COLORADO
Department of Revenue
Enforcement Division – Marijuana

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 Medical Marijuana Business and/or Retail Marijuana Establishment.

☐ **1 Court Appointee Types**

Individual: If the Court Appointee is an individual, such individual's Temporary Appointee Registration shall be treated as an Associated Key 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—Applicable documents must be notarized prior to submission to the MED**

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 Colorado ID or driver's license.**

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: www.colorado.gov/revenue/med. 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.

Court Appointee Finding of Suitability Application

☐ Individual Court Appointee ☐ 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 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	Date of Birth	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	Weight	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
CO Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of CO Residency		If not a CO resident, list State resident of		

Physical Address of Applicant

Physical Address				
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	
Mailing Address Of Applicant (If Different From Physical Address)					
Address					
City		County		State	ZIP
Do you currently possess a Colorado Marijuana Temporary Appointee Permit or are you an associated person in any other type of Colorado Marijuana license? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 discharged a sentence for a conviction of a felony pursuant to any state or federal law regarding the possession, distribution, manufacturing, cultivation, or use of a controlled substance, including probation or parole, within the past 10 years, even if the conviction occurred more than 10 years ago? (Unless charge was prior to age 18 and was adjudicated as a juvenile) <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Have you discharged a sentence, including probation or parole, within the past 5 years upon conviction for any felony, even if the conviction occurred more than 5 years ago? (Unless charge was prior to age 18 and was adjudicated as a juvenile) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Are you a licensed Physician making marijuana patient recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Have you had your authority to act as a primary caregiver revoked by the State Health Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Are you under 21 years of age at the time of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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					Date

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
Criminal History (DO NOT DISCLOSE CRIMINAL HISTORY WHERE NON-CONVICTION RECORD HAS BEEN SEALED OR EXPUNGED)		
<p>1. In the last 10 years have you, been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance? (Unless charge was prior to age 18 and adjudicated as a juvenile) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>2. In the last 5 years have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> You must include ALL arrests, charges, and convictions in the last 5 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. You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses). You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody. 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 or expunged unless you were given, and have in your possession, a written order from a judge directing that action. If yes, give details on the next pages. List all cases without exception. Include a copy of the written order with this application. 		
<p>*If you answered YES, explain in detail on a separate sheet and attach it to your application. 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, or 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.</p>		
<p>3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.</p>		

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 10 years have you been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution or use of a controlled substance (unless charge was prior to age 18 and adjudicated as a juvenile)? If so, you must disclose this information to the Marijuana Enforcement Division. If you have been arrested in the past 5 years, given a summons, or been convicted of ANY offense, you must disclose this information to the Marijuana Enforcement Division. (Sealed or expunged non-convictions need not be disclosed).

Any person applying to be licensed or registered by the Marijuana Enforcement Division, must make notification to the Division of any criminal conviction and/or criminal charge(s) pending against such person. In addition to the above listed felonies, this list includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your Temporary Appointee Permit application.

Please List Each Offense Separately

1	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
2	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
Signature		Date

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

3	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
4	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
Signature		Date



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

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 Court Appointee Application/Temporary Appointee Registration 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 finding of suitability and/or a Marijuana Temporary Appointee Registration permit 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 finding of suitability and/or a Colorado Marijuana Temporary Appointee Registration permit, and for 90 days following the expiration or surrender of such finding of suitability and/or Marijuana Temporary Appointee Registration permit. 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 Owner/Principal Clearly Below:

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner/Principal (Please Print)		First Name of Owner/Principal	Middle Name of Owner/Principal
Signature			Date

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 understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. 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/Principal Clearly Below:

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner/Principal (Please Print)	First Name of Owner/Principal		Middle Name of Owner/Principal
Signature			Date

Applicant's Request to Release Information

TO:	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. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. 4. 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. 5. 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. 6. 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. 7. This power of attorney ends twenty-four (24) months from the date of execution. 8. 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. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application. 9. 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. 10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. 11. Are production 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
Applicant's Signature		Date
Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
Spouse's Signature		Date

Tax Check Authorization and Request to Release Information

I am signing this waiver on behalf of (the "Applicant/Permit Holder") to permit the Internal Revenue Service (IRS), 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/Permit Holder. The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/ Permit Holder's application or finding of suitability with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 44-11-202(1), 44-11-306(1)(g), 44-12-202, and 44-12-305(1)(f), C.R.S. This waiver is made pursuant to 26 U.S.C. § 6103(c); 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 occupational license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to sections 44-11-311 or 44-12-310, 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/Permit Holder agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any permit. Applicant/ Permit Holder requests that the IRS, 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/ Permit Holder's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/ Permit Holder has failed to file a Federal income tax return 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/ Permit Holder has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the IRS gave notice of the amount due and requested payment.
3. Whether the Applicant/ Permit Holder has entered into an Offer and Compromise or payment plan with the IRS and whether Applicant/ Permit Holder is current on any payments required by said Offer and Compromise or payment plan.
4. Whether the Applicant/ Permit Holder has failed to file any state or local 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.
5. Whether the Applicant/ Permit Holder 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.
6. Whether the Applicant/ Permit Holder has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/ Permit Holder is current on any payments required by said payment plan.

Continues on the next page

Applicant/ Permit Holder authorizes the IRS, 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/ Permit Holder authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the IRS, e Colorado Department of Revenue, and any other state or local taxing authority in any administrative action regarding the application or license. To assist the IRS, the Colorado Department of Revenue, and any other state or local taxing authority locate the tax records, Applicant/ Permit Holder 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 Phone Number	Business/Work Phone Number		
Legal Last Name (Please Print)	Legal First Name	Full Middle Name	
Applicant's Signature			Date

If you are/were married and filed joint tax returns, your spouse must provide the following.

Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
Social Security Number/Tax Identification Number		
Spouse's Signature		Date
Signature of Marijuana Enforcement Division agent presenting this request		Date

Privacy Act Statement

Requesting your Social Security Number is voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).



COLORADO

Department of Revenue

Enforcement Division – Marijuana

Dear Applicant:

Thank you for your interest in becoming a Court Appointee/Temporary Appointee Registration Permit holder for a licensed business in the Marijuana industry. Before you submit your application, we want to make you aware of a few facts.

The Marijuana industry in Colorado is one of the most scrutinized businesses in the state, because Colorado citizens want the industry and everyone involved in it free from even the hint of any corruption or deceit. That's why we take our regulation of the industry very seriously, including the issuance of findings of suitability and/or Temporary Appointee Registration Permit.

During the investigation process, we will conduct a thorough check of your background. If you pass our qualifications, you will be found suitable as a court appointee/Temporary Appointee Registration Permit holder which will allow you to take possession of, operate, manage, or control a Medical Marijuana Business or Retail Marijuana Establishment. You should know that a Marijuana Temporary Appointee Registration Permit holder is a privilege, not a right. One thing you must do to obtain this privilege is be completely honest on your application. The burden of proving qualifications for suitability, rests at all times with the applicant.

In particular, we ask you on page 3 of the application: "In the last 10 years have you been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, or use of a controlled substance? (Unless charge was prior to age 18 and was adjudicated as a juvenile). In the past 5 years, (unless charge was prior to age 18 and was adjudicated as a juvenile), have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?" The application goes on to tell you to explain ALL such arrests or charges no matter the final outcome. (Dismissed charges sealed by the court do not need to be disclosed).

Did you list ALL arrests and charges in the past 10 years? Are you clear about what you need to disclose? If not, then ask someone at the front desk to assist you and answer any questions you might have. Here are some of the excuses we have heard from people who have failed to disclose arrests to us:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think the arrest had anything to do with Marijuana.
- I didn't think that was still on my record.

If you have a conviction that resulted in your record being sealed or expunged, you must include the order from the judge. You have been informed throughout the application to disclose ALL arrests (except those non-convictions that were sealed or expunged). And you have just been informed again: You will not necessarily be denied a Temporary Appointee Registration Permit if you have ever been arrested, but you may be denied if you fail to disclose any arrest (unless it was sealed or expunged).

Signed _____ Date _____



Verification of Fingerprints

(disregard this form if you are being printed with IdentoGO)

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"/> New Associate Key License | <input type="checkbox"/> Financial Declaration |
| <input type="checkbox"/> Associate Key License Renewal | <input type="checkbox"/> Transporter License |
| <input type="checkbox"/> Permitted Economic Interest | <input type="checkbox"/> Operator License |
| <input type="checkbox"/> Indirect Beneficial Interest Owner | <input type="checkbox"/> Pre-Suitability |
| <input type="checkbox"/> Indirect Beneficial Interest Owner 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
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.	



COLORADO

Department of Revenue

Enforcement Division – Marijuana

Marijuana Enforcement Division – Statement of Understanding

I understand I am responsible for knowing and complying with all state laws and regulations governing medical and retail marijuana pursuant to the Colorado Retail Marijuana Code, sections 44-12-101 et seq., C.R.S. ("Retail Code") and the Colorado Medical Marijuana Code, sections 44-11-101 et seq., C.R.S. ("Medical Code"), as well as the rules promulgated thereunder pursuant to 1 CCR 212-1 and 1 CCR 212-2. I understand I am being made aware of the following laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon a finding of suitability and/or issuance of my Temporary Appointee Registration permit:

I will not acquire, possess, cultivate, manufacture, test, dispense, sell, serve, deliver, transfer, transport any marijuana on the licensed premises prior to being issued a license to do so by the State Licensing Authority and receiving approval to do so by the local jurisdiction where the license is issued. (Rules M 201(E)(3)/R 201(E)(5), M 233/R 233)

I understand that the licensed premises must comply with all security and surveillance requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code and the rules or regulations promulgated in accordance with the Codes, before the licensee can possess, cultivate, manufacture, test, dispense, sell, serve, transport or deliver any marijuana on the licensed premises. (Rules M 305, M 306/R 305, R 306)

I understand that all areas of ingress or egress to limited access areas shall be clearly identified as such by a sign as designated by the State Licensing Authority. (Rules M 301/R 301)

I understand that at all times I shall possess and maintain possession of the premises for which the license is issued by ownership, lease, rental, or other arrangement of possession of the premises. 44-11-310(8)(b) and 44-12-309(7)(b), C.R.S.) (Rules M 302/R 302; subsections)

I understand I must use the State's Inventory Tracking System as my primary inventory tracking system of record, and to follow all the rules and guidelines set forth for the use of this system. (Rules M 309/R 309)

I understand that I am required to keep a complete set of all records necessary to show fully the business transactions of the licensee, all of which shall be open at all times during business hours for inspections and examination by the State Licensing Authority or its duly authorized representatives. (Rules M 901/R 901)

I understand that the water supply shall be sufficient for the operations intended and shall be derived from a source that is a regulated water system. Private water supplies shall be derived from a water source that is capable of providing a safe, potable, and adequate supply of water to meet the License Premises needs. (Rules M 504(B)(10)/R 504(B)(10))

I understand that any medical marijuana and/or retail marijuana and/or infused product must meet the labeling and packaging requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code, and all rules or regulations promulgated in accordance with the Codes. (Rules M 1000 Series/R 1000 Series)

I understand that the licensed premises, including any places of storage where medical marijuana and/or retail marijuana and/or infused products are stored, sold, dispensed or tested, shall be subject to inspection by the state or local jurisdictions and their investigators, during all business hours and other times of apparent activity. (Rules M 1202/R 1202)

I understand that I must cooperate with employees and investigators of the Marijuana Enforcement Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to the Medical and Retail Codes. (Rules M 1202/R 1202)

I understand that I shall not by any means, interfere with, obstruct or impede the State Licensing Authority, or employee or investigator of the Marijuana Enforcement Division from exercising their duties, pursuant to the provisions of the Medical and Retail Codes and all rules promulgated pursuant to it. (Rules M 1202/R 1202)

I have read all of the above information and understand my responsibilities as a medical marijuana and/or retail marijuana business licensee or permit holder. I further understand that failure to comply with any law, regulation, or the provisions of this Statement, may result in criminal charges and/or may be grounds for disciplinary action including, but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

Licensee's Business Name	Business License Number	
Owner's Printed Name	Owner's Signature	Date
Licensee's Full Printed Name	Badge / Number	
Licensee's Signature		Date

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 court as a receiver, personal representative, executor, administrator, guardian, conservator, trustee, or similarly situated Person; acting in accordance with section 44-11-401(1.5) and/or 44-12-401(1.5), C.R.S.; and authorized to take possession of, operate, manage, or control the licensed Medical Marijuana Business or Retail Marijuana Establishment (“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 44-11-401(1.5)(a), C.R.S., and Rule M 253, 1 CCR 212-1, or section 44-12-401(1.5)(a), C.R.S., and Rule R 253, 1 CCR 212-2, that any Court Appointee must notify the state and local licensing authority, within the time frame established by Rules M/R 253(A) or (B), 1 CCR 212-1/2, 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 Medical Marijuana Business or Retail Marijuana Establishment, Court Appointee complied with the certification requirement of section 44-11-401(1.5)(a) or 44-12-401(1.5)(a), 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 Medical Marijuana Business or Retail Marijuana Establishment, Court Appointee complied with the certification requirement of section 44-11-401(1.5)(a) or 44-12-401(1.5)(a), C.R.S.

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

☐ **Responsible Individual(s) Disclosure (Entities ONLY)**

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

Court Appointee Legal Business Name	Court Appointee Trade Name (DBA)		
Licensed Business Legal Business Name	Licensed Business Trade Name (DBA)		
Licensed Business State Marijuana License Number			Date
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

☐ **Individual Court Appointee**

I, _____ identified by the attached Court Appointing Order as the Court Appointee,
Court Appointee First and Last Name
 hereby affirm, under penalty of perjury, that prior to the court ordering that Court Appointee to serve as an appointee of the Medical Marijuana Business or Retail Marijuana Establishment identified in the attached Court Appointing Order, Court Appointee complied with the certification requirement of section 44-11-401(1.5)(a) or 44-12-401(1.5)(a), C.R.S.

Last Name	First Name	Middle Name
Signature		Date

☐ **Entity Court Appointee**

I, _____ hereby affirm on behalf of myself as the Court Appointee,
Authorized Signatory First and Last Name
 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 Medical Marijuana Business or Retail Marijuana Establishment, Court Appointee complied with the certification requirement of section 44-11-401(1.5)(a) or 44-12-401(1.5)(a), C.R.S.

Signatory Last Name	Signatory First Name	Signatory Middle Name
Signature		Date
Court Appointee Business Name	Signature	Date

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 Medical Marijuana Business or Retail Marijuana Establishment (collectively "Licensed 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
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Court Appointee

Legal Business Name	Trade Name (DBA)
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Authorized Signatory

Last Name	First Name	Middle Name
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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 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 Medical Marijuana Businesses and Retail Marijuana Establishments (collectively “Licensed 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.

Licensed Marijuana Business Legal Name	State Marijuana License Number	Business Type
Date of Appointment	Date of Appointment Termination	Appointing Authority
Licensed Marijuana Business Legal Name	State Marijuana License Number	Business Type
Date of Appointment	Date of Appointment Termination	Appointing Authority
Licensed Marijuana Business Legal Name	State Marijuana License Number	Business Type
Date of Appointment	Date of Appointment Termination	Appointing Authority
Licensed Marijuana Business Legal Name	State Marijuana License Number	Business Type
Date of Appointment	Date of Appointment Termination	Appointing Authority
Licensed Marijuana Business Legal Name	State Marijuana License Number	Business Type
Date of Appointment	Date of Appointment Termination	Appointing Authority
Licensed Marijuana Business Legal Name	State Marijuana License Number	Business Type
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) Licensed 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 Licensed Marijuana Businesses on this, and any additionally attached, Disclosure form represent a complete and accurate list of all Medical Marijuana Businesses and Retail Marijuana Establishments, 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		Date

Entity Court Appointee

Signatory Last Name	Signatory First Name	Signatory Title or Position
Signature		Date



COLORADO
Department of Revenue
Enforcement Division – Marijuana

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 and will be displayed at the time of checkout on the Payment portal.

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