



City of Boulder

Finance Department • Licensing Division

LicensingOnline@bouldercolorado.gov • 303 441-4192

MARIJUANA LICENSE APPLICATIONS AND PREMISE INSPECTIONS WORKFLOW FOR MEDICAL MARIJUANA BUSINESS (MMB) AND FOR RECREATIONAL MARIJUANA BUSINESS (RMB) CITY LICENSES

- ☐ **STEP 1: Applicant files a legally complete MMB or RMB city application**, including all requirements on the Checklist of Required Document form, all necessary Attachments A to J, and all required city fees during a pre-scheduled and in-person filing meeting. City licensing then will: i) take Attachment I (city business license for sales and use tax form, zoning confirmation form, and \$25 business license fee) to provide it to sales tax area staff for entry and routing for zoning review, ii) scan in MMB or RMB city application and attachments into city staff team review folder, and iii) send email notice to city MJ licensing staff team and cc state MED personnel that city has received a city MMB or RMB application.
- ☐ **STEP 2: CABS sends digital prints to CBI for FBI results:** At the time that City licensing received the legally complete city MMB or RMB application, all attachments, and required fees, the digital prints should be sent by the vendor. City licensing then will: note date that the print cards were sent to CBI on spreadsheet and deposit background check fee.
- ☐ **STEP 3: Zoning approval for proposed premise location is received:** Once zoning approval form is received back by sales tax area in conjunction with business license routing, the original of the approved zoning confirmation form will be provided to city licensing and a copy of same will be retained by sales tax area. If the zoning confirmation is denied, city licensing will return city application, all attachments, and city fees, except for the city fees for the business license and the background checks. If zoning form is approved: City licensing will then: i) time/date stamp the approved zoning confirmation form, ii) provide the stamped zoning form to the applicant and retain a copy of same, and iii) deposit both the application fee and the license fee for the application. If the further work by the applicant in STEPS 4 to 10 does not result in an approved city license, the application fee will be retained but the license fee will be refunded.

*Please note: if the CBI and FBI for background checks have not yet been received back and approved, then it is at the option of the applicant at their own business risk if applicant proceeds immediately to STEP 4, Building Permit submission, or if they instead wait until STEP 5, City Licensing approval of CBI and FBI results, is completed.

- ☐ **STEP 4: Time/date stamped and approved zoning form submitted with building permits:** Once city zoning location approval has been obtained for the proposed location is received, then the applicant may apply for building permits with the city's Planning and Development Services area but not before.
- ☐ **STEP 5: CBI and FBI results received and approved:** Once both the CBI and FBI results are received back by City licensing, they will be reviewed in conjunction with all disclosures on background check forms, court documents, and all evidence of rehabilitation submitted by the applicant. If there are no offenses either discovered or disclosed, city licensing staff will note the approval in the licensing database and update the spreadsheet. If there are results, the licensing manager will review all materials for final determination on approval or denial of the background checks.
- ☐ **STEP 6: Letter of Completion received to request licensing premise inspection:** Build out of Boulder MJ locations is complex. Once the premises build out is complete and building permits are properly closed out, a letter of completion can be requested from the Planning department by the applicant and it may be emailed to city licensing. Depending on city licensing's discretion, they may also schedule an inspection when construction is observed to be almost complete by building inspectors and then applicant should follow up with a copy of the letter of completion. City licensing will then: schedule a premise inspection with MJ city staff licensing team, including PD, Fire, Code Inspection, and Licensing.

- ☐ **STEP 7: City staff team premise inspection:** Premise inspection is completed with city MJ licensing inspection team. Once the city staff team inspects, there will be corrections that the applicant must make to the ventilation plan for odor mitigation for Code, the security measurements for PD, or sprinkler or ingress/egress for Fire, among other variable items.
- ☐ **STEP 8: Licensing inspection corrections completed:** Once the applicant has worked with PD, Fire, and Code to make the premise inspection corrections, each inspecting department will provide written approval to the applicant and they will cc city licensing. Applicant must also update both the general diagram and the security diagram; including changes made during construction and during inspections and provide those diagrams to city licensing to update their application file. City licensing then will: be on the lookout to receive a copy of state MED license.
- ☐ **STEP 9: State MED license issued and received:** City licensing receives copy of state license and matches state's expiration date. In matching the state's expiration date, city licensing will issue a refund for the license fee only or add more fees to the renewal cost if the resulting city license is valid for less or more than a 12 month period. City licensing then is ready to issue the MMB or RMB city license. Applicant may have already received the city business license for sales and use tax but the MMB or RMB regulatory license is also required for lawful operations.
- ☐ **STEP 10: City MMB or RMB license issuance:** City licensing will then meet with the applicant to issue the city license. License fee refund or additional fee will be reviewed in matching the state's expiration date. Zoning, PD, Fire, and Code approvals will have been received. State license will have been received. Background checks will have been received and city approved. Application documents, including all diagrams will have been received, updated, and reviewed at the license issuance meeting.

Frequently asked Questions:

- I. Can the state's background check approval be used for city review and approval? The state MED cannot send actual CBI or FBI results to the city due to confidentiality. Also, the City of Boulder has more strict standards for background check review than the state MED does so the state's results or key card status are not sufficient.
- II. How long does it take? Every applicant's scenario is different so this is a difficult question to answer. City licensing has seen applications take between 6 weeks to 1 ½ years from filing date to license issuance, depending on the amount of time that it takes for the city to receive FBI results, for the applicant to receive building permits, and for the applicant to complete construction and corrections, which are all highly variable.
- III. How much does it cost? Again, every applicant's scenario is different. City licensing suggests that it is a good idea to talk to an experienced General Contractor who has previously built out Grow, MIP, wellness center, or dispensary locations in the City of Boulder and who is familiar with our local laws and requirements to address this question.
- IV. What is the soonest I can operate? Please remember that applicants cannot have MJ product on-site or begin to grow plants until the applicant has both the city and the state license in hand. If Marijuana is observed at the location before final approval, the application will be denied, no matter how far along the applicant is in the process. If the proposed location has been an MJ location before, the applicant may be further along on the road to city compliance but they must still complete all inspections, necessary permits, and license issuance procedures.



CHECKLIST OF REQUIRED DOCUMENTS FOR MEDICAL MARIJUANA BUSINESS (MMB) AND
RECREATIONAL MARIJUANA BUSINESS (RMB) LICENSE APPLICATIONS

It is recommended that you retain an attorney to assist you with this application process. NO CITY STAFF MEMBER IS PERMITTED TO PROVIDE ANY LEGAL ADVICE REGARDING THE MARIJUANA BUSINESS LICENSE APPLICATION OR ANY DOCUMENTS SUBMITTED. All documents must be properly executed and must correspond EXACTLY with applicant name. All documents must be typed or legibly printed in ink. YOU MUST SUPPLY AN ORIGINAL AND YOU SHOULD RETAIN A COPY OF ENTIRE APPLICATION. THE ORIGINAL APPLICATION AND ALL ATTACHMENTS SUBMITTED TO THE CITY SHOULD BE SINGLE SIDED PAGES WITH NO STAPLES OR PAPER/BINDER CLIPS AND THEY MUST BE ON 8 1/2" X 11" PAPER.

You should call the City of Boulder at 303-441-4192 several days prior to the date that you would like to submit to set up an application submittal meeting. At this scheduled meeting time which generally takes about 1 hour, you must submit your complete original license application with all attachments and fees to the City of Boulder.

Legally incomplete applications will not be accepted and will be returned to you at this intake meeting with instructions of the additional required documents for completion.

City staff note: Only checklist of required documents, city license application, zoning confirmation form, and Attachment F- complete Operating Plan narrative with General premise diagram are uploaded as license application review documents.

Put original application and all attachments in following order:

[] THIS CHECKLIST OF REQUIRED DOCUMENTS- Completed and marked as to all required documents submitted.

[] CITY LICENSE APPLICATION- Complete all sections, provide answers to all questions or indicate N/A (Not Applicable), and have signed/print name/title/date by Applicant's authorized representative.

[] ATTACHMENT A: Applicant Corporation, Partnership, or Limited Liability business formation and organization documents as specified in Boulder Revised Code (B.R.C.).

1. CORPORATE DOCUMENTS (If applicable)

- ☐ Articles of Incorporation - Must be stamped by the Secretary of State.
- ☐ Certificate of Good Standing
- ☐ Certificate of Authority - if foreign company only
- ☐ Minutes of First Board Meeting- For new corporations less than 2 years old
- ☐ List of all officers, directors & stockholders of parent corporation - If applicable

2. PARTNERSHIP DOCUMENTS (If applicable)

- ☐ Partnership agreement (not needed if husband and wife)

☐ Dissolution of partnership (if applicable)

3. LIMITED LIABILITY COMPANY DOCUMENTS (If applicable)

☐ Articles of Organization - Must be stamped by the Secretary of State

☐ Certificate of Good Standing

☐ Certificate of Authority - If foreign company only

☐ Copy of Limited Liability Company Operating Agreement

4. CORPORATIONS, PARTNERSHIP AND LIMITED LIABILITY COMPANIES

☐ For all stockholders, partners, members, or managers listed above that are not natural persons, the same documents as listed above for entity(ies) that serve as a stockholder, partner, member or manager

☐ **ATTACHMENT B:** License Background Check and Financial Interest Record forms and Fingerprints for all Owners, Officers, Directors, Partners, Managing Members, City Keyholders, Financiers, Primary Caregivers, for persons with Ownership of 10% or More, and for Agents who manage, advise, or are paid more than \$1,000 a year in Business Applicant. Evidence of Rehabilitation or Court Documents for Disposition if applicable as specified in B.R.C.

☐ License Background Check and Financial Interest Record forms for all Owners, Officers, Directors, Partners, Managing Members, City Keyholders, Financiers, and Primary Caregivers and for persons with Ownership of 10% or More in Business Applicant.

☐ Driver's License, State Issued Picture ID, or Passport for Named Person completing form.

☐ CABS receipt for digital prints for all of the above persons or parties.

☐ Evidence of Rehabilitation or Court Documents for Dispositions if applicable.

☐ **ATTACHMENT C:** Summary List of all loans, notes, and gifts, for all listed Financiers and executed and complete copies of all loan, note, and gift documents as specified in B.R.C.

☐ Purchase Agreement-Properly executed by all parties (if applicable).

☐ Notes & Loans-All assumed, bank or previous owner. Properly executed by all parties (if applicable).

☐ Gift Letters (if applicable).

☐ **ATTACHMENT D:** Lease or Deed, signed by all parties, in proper applicant legal name, and term current as more fully described in B.R.C.

☐ Deed or Lease properly executed by all parties with all attachments and addendums. Lease may include MMB or RMB business reference or contingency for license denial and must be on 8 1/2 x 11 inch paper.

☐ Landlord's Clarification letter of acknowledgement of MMB or RMB business tenancy. If premise is leased, the landlord letter should include written authorization from the property owner to allow the city to enter the property for inspections.

☐ Assignment of Lease - Properly executed by all parties. You must also submit the original lease and all attachments and addendums. (Must be on 8 1/2 x 11 inch paper) (if applicable).

☐ Amendment to Lease- executed by all parties, with all attachments, and in exact name of Applicant (if applicable).

☐ **ATTACHMENT E:** Certificate of Insurance or other document submitted with license application evidence in compliance with B.R.C.

☐ Certificate of workers' compensation insurance

☐ Certificate of general liability insurance

☐ Certificate of property damage insurance

☐ **ATTACHMENT F:** Operating Plan with products and services description, dimensioned floor plan, good neighbor plan, and mold and wastewater discharge plan (if any) in B.R.C. **(please complete attached template for type of applied for license).**

☐ **ATTACHMENT G:** Security Plan with Confidential Portions Marked and Confidentiality Reason Identified as specified in B.R.C. **(please complete attached template for all license applications).**

☐ **ATTACHMENT I:** Business License for Sales and Use Tax Application with Zoning Confirmation Form for location approval completed in accordance with B.R.C.

☐ **ATTACHMENT J:** Bank Records for the last 3 months for an existing business of all checking, savings, and other bank accounts where those bank accounts include deposits and expenditures for business-related activities, including without limitation, all sales and use taxes paid to the state and the city, purchase of inventory and equipment, and payment of owners and employees. This applies to the business entity submitting the Marijuana Business License Application. Please note that maintenance of complete books and records of the above business accounting is an on-going obligation of a licensee and that such records are subject to review and audit by City Finance department.

☐ **PAYMENT OF ALL FEES FOR LICENSE APPLICATION REQUIRED BY BRC 4-20-64.**

FOR MMB LICENSE APPLICATIONS:

☐ Non-refundable Application Fee in the amount of \$4,500 should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER,

☐ License Fee in the amount of \$2,075 should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER,

☐

FOR RMB LICENSE APPLICATIONS:

☐ Application Fee in the amount of \$2,500 received by City from State MED and should be made payable to: CITY OF BOULDER,

☐ License Fee in the amount of \$2,475 should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER,

☐ Operating fee in the amount of \$2,000 and which should be should be a business check, certified/ cashier's check or money order and should be made payable to: CITY OF BOULDER,

☐

PLEASE NOTE: AS PART OF CITY REVIEW, APPLICANT WILL NEED TO PROVIDE FURTHER INFORMATION IN OTHER FORMS TO BUILDING SERVICES FOR BUILDING PERMITS AND FOR CITY STAFF PLAN REVIEWS.

IF MMB OR RMB LICENSE APPLICATION IS APPROVED IN ACCORDANCE WITH THIS APPLICATION PROCESS, A LETTER OF COMPLETION INDICATING PROPER BUILDING PERMIT COMPLETION AND A COMPLETE BUSINESS PREMISE INSPECTION WITH CITY INSPECTION TEAM, INCLUDING POLICE, FIRE, CODE INSPECTION FOR BUILDING, AND LICENSING WITH WRITTEN INSPECTION APPROVAL BY EACH DEPARTMENT, AND RECEIPT BY THE CITY OF AN APPROVED STATE LICENSE WILL BE REQUIRED BEFORE APPROVAL, ISSUANCE AND RELEASE OF A CITY LICENSE AND BEFORE ANY PLANTING, STOCKING OR SALE OF MJ PRODUCT CAN OCCUR.

ATTACHMENT F: An Operating plan narrative for the proposed MJ business including the following information and a General premise diagram with the items on the checklist listed here (please include additional pages as required):

[] C. FOR ALL LICENSE APPLICANTS: A Neighborhood Responsibility Plan that demonstrates how the business (Applicant) will fulfill its responsibilities as a good neighbor and deter secondary impacts to the surrounding neighborhood, including, but not limited to:

- ❖ (a) Neighborhood Outreach: Describe the manner in which the Applicant has contacted residents and businesses in the neighborhood of the MJ business,
 - ◆ Door to Door, flyers to each address, phone calls, mailing to each address: _____
 - ◆ When were such contacts made (check all that apply):
_____ before opening _____ after opening
_____ within past two months _____ more than 6 months ago
 - ◆ Describe area used as neighborhood contacted (i.e. within 1 block, within 500 foot radius, other) _____
- ❖ (b) Future Communication Method: Describe the information provided to neighboring residents and businesses on how to contact the business in case of problems related to the MJ business (i.e. 24/7 cell number of owner, phone number posted at MJ business, other): _____

 - ◆ Businesses contact person's name and phone number: _____
 - ◆ Describe other methods in which neighbors were advised they could contact the MJ business in case of problems related to the business: _____
- ❖ (c) Effective Mitigation Planning: What neighborhood impacts do you anticipate and describe how the MJ business will effectively mitigate neighborhood impacts to surrounding residences and businesses, including but not limited to, noise, traffic, crowding, lights, public consumption related to their business: _____

- ❖ (d) Dispute Resolution Process: Describe the dispute resolution procedure the Applicant will use in the event of a dispute between the surrounding neighborhood and the MJ business (check all that apply):
 - ◆ _____ Respond to telephone calls within 24 hours
 - ◆ _____ Respond to telephone calls within 48 hours
 - ◆ _____ Owner meeting with neighbors with concerns
 - ◆ _____ If dispute cannot be resolved satisfactorily, call _____
for assistance resolving dispute (i.e. arbitration service MJ business has made arrangements with or City of Boulder Mediation Services or Other Conflict Resolution).
- ❖ Expected Business Hours of Operation: _____
- ❖ Business Energy Use and Carbon Offset Reporting Plan: _____
(B.R.C. requires that all MJ businesses must offset 100% of their electricity usage through use of verifiable carbon offsets, Community Solar Garden subscriptions, or renewable energy generated on-site).

☐ FOR ALL LICENSE APPLICANTS, A statement of the amount of projected daily average and peak electrical load used by the business and a certification from the landlord and the utility provider (please attach) that the premises are already equipped for or will be upgraded for the required electrical load:_____

☐ FOR ALL LICENSE APPLICANTS: Name of owner or manager, who will reply w i t h i n 24 h o u r s to the City of Boulder, and the applicant representative's phone number and email address when premise inspection or city enforcement contact is required:

☐ FOR ALL LICENSE APPLICANTS, Provide addresses of all other Colorado MJ business operating under this applicant entity:_____

☐ FOR ALL LICENSE APPLICANTS, Describe plan for locked disposal of any MJ products or marijuana infused product that is not sold to a patient or customer in a manner that protects any portion thereof from being possessed or ingested by any person or animal and in a manner that renders disposed of product unusable and unrecognizable:

☐ FOR ALL LICENSE APPLICANTS, Describe plan for ventilation of the marijuana business that indicates the ventilation systems that will be used to prevent any odor of marijuana off the business premises:

☐ FOR ALL LICENSE APPLICANTS, Please include a description of all toxic, flammable, or other materials regulated by federal, state or local government with authority over the business that will be used or kept at the marijuana business, the location of such materials and how such materials will be stored:

☐ FOR ALL LICENSE APPLICANTS, A description of the products and services to be provided by the marijuana business, including an indication of whether or not the business proposes to engage in the production of retail sale of food or other products for human ingestion, and whether any products or services will be provided at a location different than the address on the license application: _____

☐ FOR ALL LICENSE APPLICANTS: an operating plan for the proposed medical marijuana business that indicates that there are no anti-personnel devices that impede entry to the premise by emergency responders: _____

[] for **MMB Wellness Center or RMB Dispensary** including but not limited to:

*[] staff initials: Total Square Footage of Marijuana Business square feet? _____
(B.R.C. limits the square footage allowed to 3,000 square feet or less).

Subject to Planning and Development Services final calculation and review.

*[] staff initials: Number of separate rooms in proposed location: _____
(B.R.C. requires: For MMB wellness centers, at least 3 rooms with separating walls up the ceiling and doors in between them as follows: 1 foyer to determine if visitor is patient or non-patient, 1 private consultation room where knowledgeable consultation and other holistic offerings occur, and 1 secured & locked MJ dispensing room in restricted area for patients only, and for RMB dispensaries, at least 2 rooms with separating walls up the ceiling and doors in between them as follows: 1 foyer to determine if visitor may lawfully purchase product, and 1 secured & locked MJ dispensing room in restricted area for customer's over 21 only).

- Describe products to be sold: _____

- Describe other on-site service(s) to be provided: _____

- For MMB only: caregiver services provided to patients, (such as health treatments or therapy generally not performed by a medical doctor or physician, such as physical therapy, massage, acupuncture, aromatherapy, yoga, audiology or homeopathy or knowledgeable consultation on the effects and dosage of different types of marijuana for medical use: _____

- Describe plan for packaging MJ at wellness center or dispensary: _____

- Describe any delivery of product intended: _____

- Describe plan so that for MJ product is visible from outside of business premise: _____

- Describe plan so that only for MMB wellness center license premises that only identified patients (no one under 18 years old allowed in unless accompanied by a parent or guardian) are allowed and for RMB dispensary licensed premises that only properly identified customers who are at least 21 years of age are allowed. Please describe your plans to check and card the persons who enter your business:

- _____

- ID scanner to be used in conjunction with above customer carding plan:

- Plan so that no amount over allowed weight is sold to customers (please attach separate sheet if needed): _____

[] for **Manufactured Infused Product (MIP) and Testing Facilities** including but not limited to:

*[] staff initials: Does your MIP business location have plants at the premise?

(B.R.C requires 2 separate license applications for Grows and MIP premises even if they are at the same address).

* [] staff initials: What is your premise square footage? _____

*[] staff initials: Does your MIP location have one-hour fire rate walls up to the ceiling to separate the proposed MIP licensed premise and the Grow licensed premise with separate entrance and exit doors?:_____

(B.R.C. requires separate licensed premises sufficient to create distinct suites/units/businesses and that business records for operation and transport between Grows and MIPs be kept separately).

* [] staff initials: Does your MJ supply come from a Boulder Grow, and if not, what Grow location is the product coming from?:_____

*[] staff initials: For license applications where ingestible item production will occur, the Operating Plan must describe how the applicant will meet the health and safety standards for a retail food establishment standards in 25-4-1601 et seq. C.R.S. and address how they will meet the labeling and packaging standards in order to conform with state requirements? _____

*[] staff initials: Has your business yet hired industrial hygienist to produce verification report? _____

If not, this report will be required to confirm adequate protection of persons and property. Please provide approximate date that industrial hygienist will be hired: _____

- Describe the products and services to be provided by the marijuana business, including an indication of whether or not the business proposes to engage in the production of retail sale of food or other products for human ingestion, and whether any products or services will be provided at a location different than the address on the license application:

- _____
- Describe product(s) to be manufactured at this location:

- _____
- Name the Center(s) from where the MJ will be purchased for such products:

- _____
- Describe means used for extraction, heating, washing or otherwise changing MJ plants for each product and verify compliance with ventilation and safety measures for each process: _____

- The maximum amount of marijuana or marijuana infused products that may be on the business premises at any given time :

- Provide the name, address, and License Number for each MJ Center that will distribute the product(s) manufactured at this location: _____

- Where ingestible item production will occur, plan describing how the health and safety standards for a retail food establishment standards in 25-4-1601 et seq. C.R.S. will be met and how the state labeling and packaging standards will be met: _____

- Describe plan for ventilation of the medical marijuana business that indicates the ventilation systems that will be used to prevent any odor of medical marijuana from leaving the premises of the business. For marijuana infused product businesses, such plan shall also include all ventilation systems used to mitigate *noxious gases or other fumes* used or created as part of the production process:

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- For marijuana businesses to operate as greenhouse/grows or a manufacturing infused products (MIP) use, a plan that specifies the methods to be used to prevent the growth of harmful mold and compliance with limitations on discharge into the wastewater system of the city as set forth in Chapter 11-3, "Industrial and Prohibited Discharges," B.R.C. 1981. [Complete Wastewater Classification Survey with Application and include payment].

[] for **Greenhouse/Grow facilities**, including but not limited to:

_____ Total square footage of RMB Grow location (please note that licensed MMB and RMB grow locations cannot exceed 15,000 sq. feet).

Maximum number of plants at this location: _____

Maximum number of lights at this location: _____

Wattage for lights used: _____

Are patients or customers allowed at this location: _____?

Describe plan for ventilation of the marijuana business that indicates the ventilation systems that will be used to prevent any odor of marijuana off the business premises:

Describe plan for view obstruction of product from outside of the location:

Describe plan to organize facility in organized rows and aisles (please elaborate on general premise diagram with 3 foot aisles and plant rows): _____

For medical marijuana businesses to operate as greenhouse/grows or a manufacturing infused products (MIP) use, describe plan that specifies the methods to be used to prevent the growth of harmful mold and compliance with limitations on discharge into the wastewater system of the city as set forth in Chapter 11-3, "Industrial and Prohibited Discharges," B.R.C. 1981: _____

[Complete Wastewater Classification Survey with Application and include payment].

General Floor Plan Check Sheet

Please attach a dimensioned floor plan diagram *[with color highlighter used to differentiate between licensed and non-licensed area, and differentiating patients/public area]* with all levels and floors displayed and clearly labeled. This must be on either 8 ½" x 11" or 11" x 17" paper and diagrams must depict the following:

- ☐ Square Footage of proposed licensed premise [if it is a MMB wellness center or RMB dispensary, the total area must be under 3,000 square feet or 15,000 square feet for Grows locations]
- ☐ The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where patients/ non-patients/ general public/ employees only will be permitted, private consultation rooms, business office location, marijuana storage areas, stairs, MJ retail area, points of sale, and areas where marijuana or manufacturer infused products will be processed or distributed.
- ☐ Storage areas for toxic, flammable, or other materials and chemicals, if any
- ☐ Location of checkpoints where picture IDs and MMB patient cards will be checked
- ☐ All interior walls and doors listed and marked as to if they are locked
- ☐ Ventilation capabilities and room locations
- ☐ Production areas if any, which shall not be open to any persons other than those employed by the business, if applicable
- ☐ Areas where any services other than the distribution of marijuana are proposed to occur on the licensed premises
- ☐ The separation of the areas that are open to persons who are not patients from those areas open to patients or separation of the areas that are open to the general public
- ☐ Front and back premise exterior lighting of licensed premises
- ☐ All Exterior Entrances and Exits
- ☐ All Exterior Windows and means of security

ATTACHMENT G: A Security Plan and Lighting Plan Narrative with Security Floor Plan diagram including all items on checklist (for All MMB and RMB License Applicants):

- 40-day security recordings off-site storage location (street address):

- Location of books and records of the business:

- Location of all check points where customer IDs are checked before entry into secure dispensing area: _____
- Lighting control information: _____
- Location of All Entrances and Exits: _____
- Complete procedure for 24/7 monitoring of security system, including,
 - Calling sequence in the event the security system is tripped:

 - Procedure for verification in the event of the system is tripped: _____
 - Names and emergency cell phone contact information for owners and managers that will be on-site: _____
 - Alarm monitoring company name and emergency contact phone information:

 - Names and emergency contact information of person responsible for notifying Boulder Police Department within 12 hours of criminal activity or attempts of criminal activity:

 - Name and contact information for landlord if applicant rents the business space: _____
- Locations of safes and locked refrigerators or freezers for MIP products and the manner used to affix and attach the safe/refrigerator/freezer to the building:

- Indicate any impediments to emergency responders in entering the licensed premise (note that there can be no anti-personnel devices impeding entry to the location):

ATTACHMENT H: Lighting Plan for Licensed Premises as specified in B.R.C.: A premise diagram and text explanation (may be added to security diagram) showing outside lighting of the marijuana business for security purposes and compliance with applicable city requirements.

Security Diagram Check List

Please attach a dimensioned security floor plan with all levels and floors, and a narrative. This must be either 8-1/2" x 11" or 11" x 17" paper and depicting the following:

- ☐ The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where patients/non-patients/general public/employees only will be permitted, private consultation rooms, storage areas for marijuana, stairs, MJ retail areas, points of sale, areas where marijuana or infused products will be processed or distributed
- ☐ Location of storage areas for toxic, flammable, or other materials and chemicals
- ☐ Location and means of securing ventilation apparatus that passes through to outside
- ☐ The locations of all emergency lighting that is part of the security system and areas of illumination
- ☐ The location of exterior front and back light that illuminates outside entrances and exits
- ☐ Location of security cameras, motion detectors, security system computer, recording devices (DVR), and other security system components, and the view area covered by each component
- ☐ Location of all check points where MMB patient cards and picture IDs are checked
- ☐ Location of business office where books and records are kept
- ☐ Location of safe used for overnight storage of receipts and product, and which lists the manner used to affix the safe to the structure of premise building (for all MJ businesses)
- ☐ All Interior doors and walls, noted if locked
- ☐ All Exterior Entrances and Exits, noted if locked
- ☐ All windows, noted if locked and if any special film applied for security or view obstruction

CITY OF BOULDER MEDICAL MARIJUANA BUSINESS (MMB) LICENSE APPLICATION
CHAPTER 6-14, BOULDER REVISED CODE

This Application is for the following Premise Location License Type (please check only 1 license type and file a separate complete MMB license application if another license type is also applicable):

☐ Dispensary/Wellness Center ☐ Greenhouse Nursery/Grow ☐ Greenhouse Nursery/Grow w/ Cold Water Extract

"Applicant" is defined as Legal Name of Individual or Business Entity that will hold license if approved.

☐ New License
[\$4,500 Application & \$2,075 License Fee]

☐ License Transfer
[\$4,500 Application License Fee]

☐ License Renewal
[See Renewal Fee Schedule per Tier/Type]

Applicant is applying as (attach organizational documents):

☐ Corporation

☐ Individual

☐ Partnership

☐ Limited Liability Company

☐ Association or Other

Applicant Name: _____

Trade Name of Establishment (doing business as) _____

Address of Premise Location _____
Street Address City State Zip Code

Business Mailing Address (if different from Premise location) _____
Street Address City State Zip Code

Business Telephone _____ Business Email Address _____

City Sales & Use Tax License No. _____ State Sales Tax License No. _____ FEIN No. _____

1. Applicant Ownership and Management Structure (not required for Renewals unless there are Amendments).

(A) The Applicant must provide the name and address of ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, CITY KEYHOLDERS, FINANCIERS, PRIMARY CAREGIVERS, AND ALL OTHER INDIVIDUALS NAMED IN THE APPLICATION,. If necessary, provide additional information on a separate sheet.

NAME	MAILING ADDRESS, CITY STATE, ZIP	POSITION	% OWNED

Name of on-site city keyholder for licensed premises: _____

Business Cell Phone Number: _____

Are any of the individuals or persons listed above with the Applicant under 21 years of age? _____ Yes _____ No

Attach as Attachment J Bank Records for the last 3 months for an existing business of all checking, savings, and other bank accounts where those bank accounts include deposits and expenditures for business-related activities, including without limitation, all sales and use taxes paid to the state and the city, purchase of inventory and equipment, and payment of owners and employees. This applies to the business entity submitting the Medical Marijuana Business

License Application. Please note that maintenance of complete books and records of the above business accounting is an on-going obligation of a licensee and that such records are subject to review and audit by City Finance department.

(B) In addition, all of the above named individuals, MUST ALSO BE FINGERPRINTED, MUST PROVIDE A BACKGROUND CHECK AND FINANCIAL INTERESTS RECORD FORM, MUST UNDERGO A BACKGROUND CHECK, and provide any other documentation permitted by Chapter 6-14, B.R.C. evidencing good moral character.

2. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies etc.) has loaned, will loan or give money, inventory, furniture or equipment to or for use in this business or who will receive money from this business. Attach a separate sheet if necessary (not required for Renewals unless there are Amendments).

NAME	TITLE	% OWNED	BACKGROUND INCLUDED?

Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.

3. Has any person listed in response to questions 1 or 2 ever been convicted of a felony or charged or found liable in any civil or administrative proceedings for violations of any law, rule or regulation in federal, state, court or other body with jurisdiction? ____ Yes ____ No

4. Has any person listed in response to questions 1 or 2 ever been convicted of driving or operating other machinery under the influence of alcohol, drugs or medication, or driving while impaired or driving with excessive alcohol content in a federal, state, or other court? ____ Yes ____ No

5. Has any person listed in response to questions 1 or 2 ever been convicted of a crime or completed any portion of a criminal sentence in a federal, state, or other court or charged or found liable in any civil or administrative proceeding for violations of any law, rule or regulation? ____ Yes ____ No

If the answer is yes to questions 3 to 5 for violations of law, please provide the information on the below chart:

(if necessary, provide additional information on a separate sheet)

Person's Name	Name and Location of Court	Charge alleged	Sentence or Disposition	Date of Sentencing or Disposition	Last date of incarceration /parole/probation/monitor payment of fines or fees

6. Has any individual listed in response to questions 1or 2 been denied an application for a medical marijuana business or had a medical marijuana business license revoked by any jurisdiction? ____Yes ____No

Explain: _____

7. Has any individual listed in response to questions 1or 2 had a liquor license denied, suspended or revoked by any jurisdiction? ____ Yes ____No

Explain: _____

8. Has any individual listed in response to questions 1 or 2 had a professional or other license denied, suspended or revoked by any jurisdiction? ☐ Yes ☐ No

Explain: _____

9. Does any individual listed in response to questions 1 or 2 hold or ever held a Marijuana Business License in Boulder or any other jurisdiction? ☐ Yes ☐ No

Name: _____ Address: _____

Type of Business: _____ Date/ License #: _____

Explain: _____

10. Has any individual listed in response to questions 1 or 2 had a business temporarily or permanently closed for failure to comply with any health or safety law? ☐ Yes ☐ No

Explain: _____

11. Has any individual listed in response to questions 1 or 2 had an administrative, civil, or criminal finding of delinquency for failure to pay sales or use tax, or any other tax? ☐ Yes ☐ No

Explain: _____

12. Does the Applicant have legal possession of the proposed licensed premises for at least 12 months from the date that this MMB license application was filed by virtue of ownership, lease or other arrangement? Applicant must provide copy of recorded Deed, or signed Lease or Other possession evidence.

☐ Ownership ☐ Lease ☐ Other (explain in detail- use extra sheet) _____

• If leased, list name of landlord and tenant, and date of expiration EXACTLY as they appear on the lease:

Landlord	Tenant	Expires

If premises are leased, attach written lease allowing a medical marijuana business in space or landlord letter.

13. Is this proposed premise location the only location that is affiliated with this business? ☐ Yes ☐ No

If there is another location associated with this business entity, please list all other premise location addresses both in and outside of Boulder (i.e. all dispensaries, grow locations and MIPs which operate in concert with this business entity):

14. Are the premises to be licensed within 1,000 feet of any school, university, licensed child care center, or addiction recovery facility? ☐ Yes ☐ No

15. Is this proposed premise within 500 feet of any other marijuana business, in a mixed use development, or the Mall proper or in the University Hill commercial area? ☐ Yes ☐ No

Applicant should be conversant with BRC Chapter 6-14 on Medical Marijuana and should answer questions on local laws:

16. Does the Applicant propose to have retail sales of medical marijuana infused products? ☐ Yes ☐ No

If yes, what items will be sold? _____

17. Describe how applicant will offset 100% of its electrical consumption with renewable energy or carbon offsets at its Medical Marijuana business location: _____

18. If applicant will sell medical marijuana, describe the other caregiver services that will be provided to patients in compliance with Boulder's required definition for Wellness Centers other personal services: _____

19. Has the Applicant implemented the Neighborhood Responsibility Plan submitted with this application? ☐ Yes ☐ No

20. If Applicant intends to operate as a greenhouse/ nursery or a manufacturing use, is the plan to prevent mold and wastewater discharge attached to this application? ☐ Yes ☐ No

21. Is Applicant familiar with Boulder's laws regarding medical marijuana and agree to comply with all of its requirements and prohibitions? ☐ Yes ☐ No

22. Has Applicant had proper ventilation for filtration of product odor inspected and approved as required by City of Boulder? ☐ Yes ☐ No

23. Does Applicant have a statement on the amount of projected daily average and peak electrical load for the business and a certification from the landlord and the utility provider that the business location is equipped to meet those requirements? ☐ Yes ☐ No

24. Will the applicant maintain 40 days of video recordings in an off-site location in the city or through a service over a network that provides on demand access? ☐ Yes ☐ No

25. State the name and contact information for the company monitoring the alarm system for the MMB _____

Related to City Business License and Business Operations, the Applicant should answer the Following:

26. Does the Applicant already have or have applied for a City sales and use tax license? ☐ Yes ☐ No
If yes, what is the Issued Date _____ OR Application filing date _____ of the City license?

27. Anticipated Business Opening Date: _____

28. If Applicant is a business entity, provide Registered Agent's Name, electronic mail address, and Street Mailing Address:

Registered Agent's Name, Street Mailing Address and electronic mail address Included above

Applicant Name: _____ Trade Name: _____

Premise Address: _____

Application Contact Name (please print): _____

Two (2) Application Contact Business Cell Phone Numbers: _____

Two (2) Application Contact Business E-mail Addresses: _____

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH NEW LICENSE APPLICATIONS BUT NOT REQUIRED FOR ANNUAL RENEWAL APPLICATIONS UNLESS THERE ARE CHANGES.

For Renewals, are there changes to submitted original Attachments A to J? _____ Yes ___ No
_____ Renewing Representative's Initials

If so, then Licensee should submit new ATTACHMENTS to properly report any and all changes.

STAFF REVIEW DATABASE DOCUMENTS: Checklist of Required Documents, City License Application, Zoning Review Form, and Attachment F-Operating Plan entire and General Floor Plan diagram.

ALL ATTACHMENTS IN HARD COPY FORM

ATTACHMENT A: Applicant Corporation, Partnership, or Limited Liability business formation documents, management agreements, and operation agreements as specified in B.R.C. 6-14-5 (a) (1) (C).

ATTACHMENT B: Background Check and Financial Interests Reports, Fingerprints, and Identification copies for all Owners, Officers, Directors, Partners, Managing Members, City Keyholders, Financiers, and Primary Caregivers and individuals named in the application. Evidence of Rehabilitation or Court Documents for Disposition if applicable as specified in B.R.C.6-14-5 (a) (10) and 6-14-5 (b).

ATTACHMENT C: Summary List of all loans, notes, and gifts, and executed and complete copies of same as specified in B.R.C. 6-14-(a) (2).

ATTACHMENT D: Lease or Deed to Business Premise, signed by all parties, term current, & valid for 1 year from License Issuance as specified in B.R.C. 6-14-5 (a) (4)

ATTACHMENT E: Insurance Certificate or compliance evidence with B.R.C. 4-1-8 as in B.R.C. 6-14-5 (a) (5)

ATTACHMENT F: Operating Plan with products and services description, dimensioned floor plan, neighborhood responsibility plan, ingestible items production (if any), energy reporting & offsets, and mold and wastewater discharge plan (if any) as specified in B.R.C. 6-14-5 (a) (6).

ATTACHMENT G: Security Diagram and Text Explanation with Confidential Portions Marked and Confidentiality Reason Identified as specified in B.R.C. 6-14-5 (a) (7), including the location of the off-site camera recordings and the identity of the alarm system monitoring company.

ATTACHMENT H: Lighting Diagram and Text Explanation for Premises as specified in B.R.C. 6-14-5 (a) (8).

ATTACHMENT I: Business License for Sales tax with Zoning Confirm Form; B.R.C. 6-14-5 (a) (9) & 6-14-7 et seq.

ATTACHMENT J: Business Entity Bank Records for the last 3 months for an existing business of all checking, savings, and other bank accounts where those bank accounts include deposits and expenditures for business-related activities, including without limitation, all sales and use taxes paid to the state and the city, purchase of inventory and equipment, and payment of owners and employees. This applies to business entity submitting Application. Please note that maintenance of complete books and records of above business accounting is an on-going obligation of a licensee and that such records are subject to review and audit by City Finance department.
PAYMENT OF ALL FEES AS REQUIRED BY B.R.C. 4-20-64.

Oath of Application

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Boulder Revised Code and all Rules and Regulations which govern my Medical Marijuana Business License Application and any issued Medical Marijuana Business License.

Authorized Signature	Printed Name and Title	Date

FOR CITY INTERNAL USE ONLY:

CITY ASSIGNED MMB LICENSE NO: _____

APPLICANT NAME: _____ TRADE NAME: _____

PREMISE ADDRESS & SUITE/UNIT NUMBER: _____

PLANNING/ZONING (Date Sent: _____) AS TO BUSINESS DENSITY, DISTANCE MEASUREMENT, & ALLOWED ZONING
MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: _____ APPROVED _____ DENIED

BASIS FOR RECOMMENDATION: _____

City Staff's Name_____
Title_____
Date

CITY SALES TAX DEPARTMENT (Date Sent: _____) AS TO CITY SALES AND USE TAX LICENSE AND TAX REMITTANCE

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: _____ APPROVED _____ DENIED

FILING DATE OF INITIAL SALES AND USE TAX LICENSE: _____

BASIS FOR RECOMMENDATION: _____

City Staff's Name_____
Title_____
Date

BOULDER POLICE DEPARTMENT (Date Sent: _____) AS TO BACKGROUND CHECK, OPERATING PLAN, SECURITY
PLAN, LIGHTING PLAN AND OPERATING CHARACTERISTICS

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: _____ APPROVED _____ DENIED

BASIS FOR RECOMMENDATION: _____

City Staff's Name_____
Title_____
Date

FIRE DEPARTMENT (Date Sent: _____) AS TO OPERATING PLAN, SECURITY PLAN, LIGHTING PLAN AND OPERATING
CHARACTERISTICS FOR PREMISE AND OCCUPANCY

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: _____ APPROVED _____ DENIED

BASIS FOR RECOMMENDATION: _____

City Staff's Name_____
Title_____
Date

BUILDING SERVICES (Date Sent: _____) AS TO BUILDING PLANS/ PERMITS, PROPER CONSTRUCTION, AND
LOCATION COMPLIANCE HISTORY FOR RENEWALS

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: _____ APPROVED _____ DENIED

BASIS FOR RECOMMENDATION: _____

City Staff's Name_____
Title_____
Date

CLIMATE + SUSTAINABILITY DIVISION (Date Sent: _____) AS TO USAGE AND QUARTERLY REPORTING OF ENERGY
USE AND CARBON OFFSETS

MMB NEW LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE: _____ APPROVED _____ DENIED

BASIS FOR RECOMMENDATION: _____

City Staff's Name_____
Title_____
Date

Liquor and Marijuana Licensing Fingerprinting

The City of Boulder Licensing Division has changed their fingerprinting procedures in response to Senate Bill 17-189.

The Colorado Bureau of Investigations (CBI) has implemented a new process beginning September 24, 2018: Colorado Applicant Background Services (CABS).

To use this service, you will need to go online to one of the state approved vendors to register, schedule your appointment, and pay for your own fingerprinting.

These vendors are selected and trained specifically by the CBI and will be the only locations where civil fingerprinting services will now be available.

The vendor services will be located throughout the state, which is intended to increase applicants' ability to obtain fingerprints in a timely manner. Fingerprints will be submitted electronically, which will allow results to take only hours for processing instead of days or weeks.

In order to receive your City of Boulder specific code to register/schedule with CABS, you must first book your application intake appointment with city licensing staff by calling 303-441-4192.

Once confirmed, we will email you your unique code for the CABS vendor.

Please make sure you retain your receipt or confirmation of fingerprinting as this will replace the print card proof you will need to submit with your city application at your appointment.

The City of Boulder has chosen the following CABS vendor:

IDEMIA - IdentoGO
<https://www.idemia.com>

Please direct further questions about registration, services, and locations to your CABS vendor.



COLORADO
Bureau of Investigation
Department of Public Safety

Identification Unit
690 Kipling Street, Suite 3000
Denver, CO 80215
303-239-4208

NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation (“CBI”) and the Federal Bureau of Investigation (“FBI”), your fingerprints will be submitted to these agencies to check state and FBI records.

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at www.colorado.gov/cbi.

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at www.fbi.gov.

The **U.S. Department of Justice Order 556-73** establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (“CJIS”) Division processes these requests.

Who May Request a Copy of a Record? (or proof that a record does not exist)
Only you can request a copy of your own Identification Record.

How to Request a Copy of Your Record?

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist:

Option 1: Submit your request directly to the FBI.

Option 2: Submit your request to an FBI-approved Channeler, which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBICJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

AGENCY INSTRUCTIONS: To comply with federal law, provide a copy of this document to each applicant fingerprinted.



CITY OF BOULDER BACKGROUND CHECK FORM AND FINANCIAL INTEREST RECORD FOR MEDICAL MARIJUANA BUSINESS (MMB) OR RECREATIONAL MARIJUANA BUSINESS (RMB)

The Applicant must provide an Individual History Record for ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, CITY KEYHOLDERS, FINANCIERS, PRIMARY CAREGIVERS, ALL NAMED PERSONS, & ALL AGENTS who manage, advise, or are paid more than \$1,000 a year by the applicant. Each of these individuals, MUST ALSO BE FINGERPRINTED, MUST PROVIDE AN INDIVIDUAL HISTORY RECORD FORM WITH COPY OF ID, and any other documentation permitted by Chapter 6-14 or Chapter 6-16, B.R.C. evidencing good moral character. Please submit court documents with final dispositions or evidence of rehabilitation if necessary.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed. EVERY answer you give will be checked for its truthfulness. A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.

1. Name of Business					
2. Your Full Name (last, first, middle)				3. List any other names you have used.	
4. Mailing address (if different from residence)				5. Home Telephone	
6. Your personal email address if city has further questions or needs additional information? _____					
7. List all residence addresses' below. Include current and previous addresses for the past five years. (Attach separate sheet if necessary.)					
STREET AND NUMBER		CITY, STATE, ZIP		FROM	TO
Current					
Previous					
8. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary)					
NAME OF EMPLOYER	ADDRESS (STREET,	CITY, STATE, ZIP)	POSITION HELD	FROM	TO
9. List name(s) of relatives working in or holding a financial interest in an MMB or RMB licensed business.					
<u>Name(s) of Relative</u>		<u>Relationship to you</u>		<u>Position Held</u>	<u>Licensee Name</u>
10. Have you ever applied for, now hold, ever held, or had any percentage interest in a State of Colorado Marijuana business, a Marijuana Business License in Boulder or any other jurisdiction, or helped financed, loaned money, furniture or fixtures, equipment or inventory, to any Marijuana business licensee? ___ Yes ___ No					
Name		Address	Type of Business	Date/ License #	
Explain: _____					

11. Have you been denied an application for a marijuana business, withdrawn an application for a marijuana business, or had a marijuana business license revoked by any jurisdiction?

___ Yes ___ No

Explain: _____

12. Have you ever received a violation notice, suspension or revocation, for a license violation, related to liquor, marijuana, gaming, professional services, or any other type of license anywhere in the U.S.?

___ Yes ___ No

Explain: _____

13. Have you had a license application as described in paragraph 10 denied, suspended or revoked by any jurisdiction?

___ Yes ___ No

Explain: _____

14. Have you had a business temporarily or permanently closed for failure to comply with any health, safety, failure to pay tax, reporting violations, or other law?

___ Yes ___ No

Explain: _____

15. Have you had an administrative, civil, or criminal finding of delinquency for failure to pay sales or use tax, or any other tax?

___ Yes ___ No

Explain: _____

16. Have you ever been arrested for a crime, convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or have you been found liable or responsible in a civil or administrative proceeding for violation of any law or regulation, or do you have any such criminal, military, civil, or administrative charges pending? Please explain below.

___ Yes ___ No

Explain: _____

17. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence or subject to any order requiring payment of fines or fees or monitoring for any civil or administrative violations?

___ Yes ___ No

Explain: _____

18. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license?

___ Yes ___ No

Explain: _____

19. Have you ever been convicted of a felony, or found in violation of any applicable law (other than traffic violations that did not involve a controlled substance or injury to any party) in a federal, state, or other court? ☐ Yes ☐ No

Explain: _____

20. Have you ever been convicted of driving or operating other machinery under the influence of alcohol, drugs or medication, or driving while impaired or driving with excessive alcohol content in a federal, state, or other court? ☐ Yes ☐ No

Explain: _____

21. Have you ever been convicted of a crime or completed any portion of a criminal sentence in a federal, state, or other court? ☐ Yes ☐ No

Explain: _____

22. If the answer is "yes" to any of the above questions 16 to 21 for any violations of law, please provide answers on the name and location of court, charge(s), and sentence: (if necessary, provide additional information on a separate sheet)

Person's Name	Name and Location of Court	Charge(s)	Sentence/Settlement	Date of Sentencing/Settlement	Last date of incarceration/parole/probation/monitoring/liability for fees

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law in Section 24-72-204 C.R.S., information provided below will be treated as CONFIDENTIAL. Marijuana business licensing requires the following personal information in order to determine your suitability for licensure pursuant to Chapter 6-14 or Chapter 6-16.

23. a. Date of Birth _____		b. Social Security Number SSN _____	
c. Place of Birth _____		d. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, list where _____		f. When _____	
		g. Name of District Court _____	
h. Naturalization Certificate Number _____		i. Date of Certification. _____	
j. If an Alien, Give Alien's Registration Card Number _____			
k. Permanent Residence Card Number _____			
l. Height _____		m. Weight _____	
o. Eye Color _____		n. Hair Color _____	
		p. Sex _____	
		q. Race _____	
r. Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give number and state _____			
Please attach copy of your current Driver's License, State Issued Picture ID, or Passport to this document.			

24. Financial Investment Information.

a. Total investment being made in business by Applicant entity, corporation, partnership, limited liability company, or other.
\$ _____

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid \$ _____

24. Financial Investment Information (cont.)

c. Provide details of total business investment. You must account for the sources of all cash or other monies (how acquired) that you have made in the business. Attach separate sheet if needed.

Type: Cash, Services or Equipment	Source: Name of Bank; Account Type and Number	Amount

d. Loan Information (attach copies of all notes or loans)

Name of Lender and Account Number	Address	Term	Security	Amount

25. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon.

Related to answer to question 25, please attach business entity bank records for MMB or RMB license applicant entity for the last 3 months for all checking, savings, and other bank accounts that hold applicant business entity funds to City License Application in accordance with the instructions listed as Attachment J.

Oath of Applicant

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Boulder Revised Code and all applicable laws regarding this application and operation of a Marijuana Business.

Authorized Signature	Printed Name and Title	Date



CITY OF BOULDER
Planning, Housing and Sustainability
Climate + Sustainability Division

1101 Arapahoe Ave, First Floor • P.O. Box 791, Boulder, Colorado 80306-0791
phone 303-441-1964 • fax 720-564-2079 • email vasatkae@bouldercolorado.gov

DATE: December 10, 2015

TO: Medical and Recreational Marijuana Business owners:
FROM: City of Boulder, Climate + Sustainability Division
RE: Electricity Use Offset Requirement for licensees

On November 10, 2015, Boulder City Council adopted [Ordinance No. 8081 amending chapters 6-14, Medical Marijuana and 6-16 Recreational Marijuana Businesses](#) that went into effect on December 10, 2015.

This memo addresses a specific requirement (in place since 2012) that requires licensed marijuana facilities to offset 100 (one hundred) percent of their electricity usage with renewable energy. The changes, which clarify the language and reporting requirements, are found under:

- Chapter 6-14-8 Requirements Related to Operation of Medical Marijuana Businesses; (i) Renewable Energy Usage Required
- Chapter 6-14-9, Right of Entry – Records to Be Maintained; (g) Reporting of Energy Use and Carbon Offset Purchases.
- Chapter 6-16-8 Requirements Related to Operation of Recreational Marijuana Businesses; (i) Renewable Energy Usage Required.
- Chapter 6-16-9, Right of Entry – Records to be Maintained; (g) Reporting of Energy Use and Carbon Offset Purchases.

The revisions to these sections of the marijuana codes now require all licensed marijuana facilities to provide the following information in a specific time period:

- *Proof of records confirming energy use (electricity and natural gas) by using the Environmental Protection Agency's (EPA) [ENERGY STAR Portfolio Manager \(ESPM\) FREE online tool](#), and;*
- *Proof of records showing how 100 (one hundred) percent of your facility's electricity use is offset by one or a combination of the following:*
 - *on-site installation of renewable energy,*
 - *participation in a verified solar garden, or by;*
 - *purchasing offsets through a city approved carbon offset program.*

By May 1, 2016, your facility must be set-up and your energy use must be uploaded in ESPM. This facility and its energy use must be shared with the city. In 2016, Xcel Energy will have a service that can be requested by the utility account holder to upload energy use data to your account in ESPM. Please review the instructions to request the automatic upload from Xcel. To register your facility, you must assign it an ID number prior to sharing the data with the city. Under "unique identifiers", you should edit and select the Standard ID "Boulder Energy Reporting ID from the ESPM drop down menu (explained in Step 4 of the ["Building Performance Ordinance How to Guide"](#) (page 9). **Use your City of Boulder medical or recreational marijuana license number as your ID number.** This will be matched by the city as your custom ID for compliance with this license requirement. For assistance with setting up an account with ESPM, contact the [Partners for a Clean Environment \(PACE\)](#) for free Business Energy Advising at 303-441-1300 or info@pacepartners.com.

By Aug. 1, 2016, you must provide proof of off-setting your electricity use to the city. Please submit documentation to the City of Boulder's Climate + Sustainability Division by contacting Elizabeth Vasatka at 303-441-1964 or vasatkae@bouldercolorado.gov.

I will personally contact you to ensure you understand these requirements and have all the resources in place to comply with energy reporting and electricity off-sets by the specified deadlines. The city is currently in process of approving a new local carbon off-set fund. You will receive notification of the fund's approval when the process is complete.

For more information and updates on these energy reporting and off-setting requirements, visit:
<https://bouldercolorado.gov/planning/boulder-marijuana-facility-energy-requirements>

Sincerely,

Elizabeth Vasatka
City of Boulder, Climate + Sustainability Division
Business Sustainability Coordinator
vasatkae@bouldercolorado.gov
303-441-1964

Please apply for City Business Licenses via on-line application at the Tax and License Division webpage at:

www.bouldercolorado.gov/tax-license

and under Business License & Sales Use Tax heading,

then select “Sales and Use Tax (Business) License Application”



City of Boulder Public Works

Dear Industry Representative,

The City of Boulder maintains an Industrial Pretreatment Program, as required by the U.S. Environmental Protection Agency (EPA). The Pretreatment Program's objective is to protect the wastewater collection system, wastewater treatment plant, and system workers by monitoring the waste streams entering the sanitary sewer. City staff routinely gather information on businesses in order to characterize the waste streams that might adversely affect wastewater operations (Boulder Revised Code 11-3-14).

Please complete and return the attached questionnaire within 10 business days of receipt of this letter. City staff will review the questionnaire to identify and characterize process wastewater discharges from your facility. After reviewing the completed questionnaire, a follow-up site inspection may be required.

If you have questions on the information requested, please contact me at ericksonc@bouldercolorado.gov or 303-413-7360.

Sincerely,

A handwritten signature in cursive script, appearing to read "Caroline Erickson".

Caroline Erickson

Water Quality Inspector



City of Boulder

Public Works

Industrial/Commercial Business Questionnaire

Please complete and return the questionnaire (email or USPS) within 10 days of receipt of the attached letter.

Email: cobpretreatment@bouldercolorado.gov US Postal Service: City of Boulder

Industrial Pretreatment Program
4049 75th St.
Boulder CO 80301

A. General Information

1. Name of Business _____
2. Facility Address _____
3. City, State, Zip _____
4. Contact _____ Title _____
5. Phone _____ Email _____

B. Product/Service Information

1. Give a brief description of the operations at this facility including primary products and services. _____

2. Circle all activities that occur at your facility.

Assembly	Biotechnology	Brewery/Distillery
Chemical Manufacturing	Cooling Towers	Electroplating
Engraving/Coating	Flammables/Explosives	Food Processing
Food Preparation/Food Serving	Laboratory	Laundry/Dry Cleaning
Marijuana Dispensary	Marijuana/Hemp Cultivation	Marijuana/Hemp Extraction
Medical Care	Metal Finishing	Offices
Painting/Stripping/Finishing	Plant Wash Down	Plastics Molding/Forming
Precision Machining	Photo Processing	Printing
Research	Retail	Warehouse storage
Wood Preserving/Finishing	X-ray processing	Other (Specify) _____

C. Waste Generation and Disposal Information

1. List types and amounts of chemicals used in gallons per day. Indicate the method of disposal for each chemical by listing the letter that corresponds to the appropriate method listed below.

Method of Disposal:

A. Discharge to city sewer system with no treatment.

D. On-site storage, treatment, or disposal.

B. Discharge to city sewer system after pretreatment.

E. Shipment off-site by outside hazardous waste hauler to waste management facility.

C. Placement with trash for collection.

F. Other (specify)

Chemical Used	Amount (gallons per day)	Method of Disposal

2. If an outside firm removes hazardous waste, state the name and address of all waste haulers and indicate the frequency of pick-up.

Name of Waste Hauler	Address	Frequency

3. EPA Hazardous Waste Identification Number (if applicable) _____

D. Certification

I hereby certify that the information found in this application is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

(Name)

(Signature)

(Title)

(Date)