



City of Boulder

Finance Department • Licensing Division

1777 Broadway, Boulder, Colorado 80302 • 303 441-4192

RECREATIONAL MARIJUANA BUSINESS (RMB) CO-LOCATION APPLICATIONS WITHIN BUSINESS FOOTPRINT- TO BE FILED AFTER JANUARY 21, 2014

CHECKLIST OF REQUIRED DOCUMENTS

- ☐ **City of Boulder Recreational Marijuana Business (RMB) Conversion or Co-location application-** fully completed and signed under oath of applicant signed by authorized representative of licensee applicant.
- ☐ **City of Boulder Recreational Marijuana Business (RMB) License Application** form- answer all questions 1 to 27, complete information on top of page 5 and sign page 5 under oath of applicant section.

Please note that because Attach A (business entity documents), Attach B (background check documents), Attach C (notes and loans), Attach E (Insurance), Attach H (lighting plan), and Attach J (bank records) are not changing, then city licensing will not require new copies of those originally submitted documents.
- ☐ **Letter from Landlord allowing change to Recreational Marijuana operations-** related to Attach D (lease), landlord must confirm in writing their approval for leased premises to be changed to from medical marijuana to recreational marijuana business operations and for the structural changes necessary for collocation to be undertaken.
- ☐ **Permanent Modification change form for Medical Marijuana Business (MMB) licensed premises-** form should be fully completed and a new MMB Attach F (operating plan and general diagram) and a new MMB Attach G (security narrative and security plan) for the resulting MMB licensed premise should be included.
- ☐ **RMB Operating Plan and New General Diagram for co-located RMB licensed premises-** for the new RMB licensed business premises, please include a new Attach F operating plan narrative and a new general diagram for the new RMB licensed premises.
- ☐ **RMB Security Narrative and New Security Diagram for co-located RMB licensed premises-** for the new RMB licensed business premises, please include a new Attach G security narrative and a new security diagram for the new RMB licensed premises.
- ☐ **New Business license for sales and use tax application with zoning form attached for co-located RMB licensed premises-** complete both the new business license application on-line. A new sales tax account will be opened for the RMB business licensed premise.

Please Note: if the co-location is for a virtual separation, then a sampling of audit records which evidences the licensee's capability to separate books and records by license will be requested.

- ☐ **Fees**
 - ☐ \$250 city conversion fee payable to “City of Boulder” received by city from State Marijuana Enforcement division (MED).
 - ☐ \$1,100 permanent modification change fee for MMB payable to “City of Boulder”.
 - ☐ \$2,000 operating fee for licensing 2nd RMB licensed premise to “City of Boulder”. Please note that any issued RMB license will have the same license number as the existing MMB city license.

RECOMMENDED APPLICATION FILING PROCESS

Based on the above process and that city conversion applications are not considered complete until the \$250 city conversion fee is received by the city from the state MED, the following application timeline is recommended for co-location applications within a business footprint:

- ☐ Boulder Licensee meets with state MED 3 to 4 days before meeting with city to file state conversion documents with state fees and to supply city conversion fee to state MED.
- ☐ Boulder licensee meets in person in pre-scheduled filing meeting with city licensing. Please note that only complete applications will be accepted by city licensing. By this time, it is hoped that city conversion fee would be received by state MED.
- ☐ City licensing receives city conversion fee from state. At that time, city licensing will: I) time/date stamp the zoning form received with the new business license for sales and use tax with the original of the zoning form to be provided to the Boulder licensee so that building permits for collocation build out might be applied for and a copy of the zoning form will be retained by city licensing, and II) time/date stamp a copy of the city conversion application to be supplied to the licensee, with the original of same retained by city licensing, and the copy can be used for state MED so that they will issue the state MED RMB license.
- ☐ The state MED has informed city licensing that there is a 45 day waiting period for the state MED to issue state conversion licenses.
- ☐ When Boulder licensee is 95% done with build out for co-location of MMB licensed premises and RMB licensed premise, licensee should contact city licensing so that they may schedule the city inspection group to inspect the co-located premises.
- ☐ Once Boulder licensee has received co-located premise inspection approval from Boulder Fire, Boulder Police Department, and Planning and Development Services, these departments will also supply a copy of these 3 approvals to city licensing.
- ☐ When city licensing has received the above 3 premise inspection approvals, city licensing will issue the city RMB license for the co-located premise. The new city license will include same city license number, but a different license type and it will also have the same license expiration date. All issued city licenses are contingent on the licensee also having a current and effective state MED license for proper operations.

City of Boulder
1777 Broadway, P.O. Box 791
Boulder, Colorado 80302
303 -441- 4192

**CITY OF BOULDER MEDICAL MARIJUANA BUSINESS (MMB) LICENSE
CONVERSION OR CO-LOCATION TO RECREATIONAL MARIJUANA BUSINESS (RMB)
APPLICATION FORM AND ACKNOWLEDGEMENT OF
CHAPTER 6-16, BOULDER REVISED CODE**

This Application is for the following Premise Location License Type (please check only 1 license type and file a separate form for each existing medical marijuana business that you desire to convert or collocate:

☐ Dispensary ☐ Greenhouse Nursery/Grow

MMB City License Number _____

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 _____

Plant Count _____ Lights Count _____ Lights Wattage Used _____

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

1. Select and Initial one of the following conversion or collocation processes:

- ☐ _____ initials: 100% conversion from MMB to RMB facility (not accepted before January 2, 2014) or
☐ _____ initials: Co-locate of both MMB & RMB within existing MMB facility foot print (not accepted before January 21, 2014)
☐ _____ initials: Co-locate & expand existing MMB then divide for both MMB and RMB business facilities (not accepted before February 3, 2014).

Please note that any conversion or co-location construction must be in full compliance with all building and safety codes and future RM business operations must operated in compliance with the attached BRC, Chapter 6-16, Recreational Marijuana Businesses law.

Please also note that in any conversion or collocation process, the current city license must be surrendered at the same time that the new license is issued. This application will not be considered complete until city has received the \$250 Conversion fee from the state.

2. Please attach the following to submit a complete application for either conversions or collocations:

- This completed and signed Conversion Application.
- RM Business License Application fully completed and signed.
- Letter from Landlord that confirms that proposed change to RM business operations, and physical change to property (if any), by tenant is permissible.

3. If the application is for a co-location, whether in same or expanded footprint, of MMB and RMB businesses, please also attach (items here are not required for 100% conversions):

- Permanent modification change form for MMB business licensed premises complete, including, MMB change form, new operating plan and general diagram for MMB licensed location, new security plan and security diagram for MMB licensed location, and \$1,100 modification fee to City of Boulder.
- New operating plan and new general diagram for RM business premise.
- New security plan and new security diagram for RM business premise.

- iv. New business license for sales and use tax application with zoning form completed and attached so building permits may be applied and reviewed with \$25 application fee to City of Boulder.
 - v. \$2,000 operating fee for licensing to City of Boulder.
4. If this application is for a co-located business within an area larger than the footprint of the existing MMB business pursuant to BRC 6-16-3(h), initial one of the following as your oath of accuracy:
- This application is for a co-located dispensary and the size of both premises does not exceed 3,000 sq. ft. ____ Initials
- This application is for co-located cultivation facility and the size of both premises does not exceed 15,000 sq. ft ____ Initials
5. Initial each of the following as your oath of accuracy:
- I will pay the additional state and city excise and sales and use tax, as appropriate, for the RMB on a monthly basis ____ [initials].
 - I will use an ID scanner acceptable to the city as soon as possible upon entry of every person to the business premises to determine if the person is at least 21 years old and will remove any person from the premises that is not verified by the ID scanner as being at least 21 years of age ____ [initials].
 - No owner, financier, business manager, or other licensee shall be added to the marijuana business(es) associated with this application prior to such time as the State of Colorado makes criminal history information available to the city for the purpose of processing RMB applications ____ [initials].
 - The license(s) associated with this application will be revoked and I can no longer operate the related business(es) if an owner, financier, business manager, or other licensee is added to the marijuana business(es) associated with this application prior to such time as the State of Colorado makes criminal history information available to the city for the purpose of processing RMB applications ____ [initials].

Violations of the above provisions and other associated sections of the Boulder Revised Code may subject the business to penalties, including without limitation fines and license suspension, license revocations, and criminal penalties.

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, Colorado Law, and all Rules and Regulations, and any other applicable law which govern this Application and any issued Medical Marijuana and Recreational Marijuana Business Licenses.

Authorized Signature	Printed Name and Title	Date

City of Boulder
P.O. Box 791
Boulder, Colorado 80302
303 -441- 4192

CITY OF BOULDER RECREATIONAL MARIJUANA BUSINESS (RMB) LICENSE APPLICATION
CHAPTER 6-16, BOULDER REVISED CODE

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

☐ Dispensary ☐ Greenhouse/Grow ☐ Greenhouse/Grow-Water Extract ☐ Manufacture Infused- MMB/RMB ☐ Testing Facility-MMB/RMB

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

☐ New License (w. \$2,500 state fee)
\$2,000 Operating Fee & \$2,475 License Fee

☐ License Transfer
\$2,500 State Collected Fee &
\$2,000 Operating 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. _____

Maximum Expected Plant Count: _____ Lights Count: _____ Lights Wattage Used: _____

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, AGENTS, 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 listed above with the Applicant under 21 years of age? _____ Yes _____ No

Attach as Attachment J Financial Records for the last 3 months for an existing business of all checking, savings, and other bank accounts or other records that include deposits and expenditures for business-related activities, including without

S:\CMOMUNILicensing\Marijuana\Current Documents & Forms\Word Versions\RM Application form. final.12.2.2015.doc

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 Recreational 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.

(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 required by Chapter 6-16, 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 profits or gross proceeds of this establishment, and any agreement relating to 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 violated any law (as defined in BRC 6-16-2)? ☐ Yes ☐ No

4. Has any person listed in response to questions 1 or 2 ever violated any law related to 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

If the answer is yes to questions 3 or 4, 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

5. Has any individual listed in questions 1or 2 been denied an application for a medical marijuana or recreational business or had a medical marijuana or recreational business license revoked by any jurisdiction? ☐ Yes ☐ No
Explain: _____

6. Has any individual listed in response to questions 1or 2 had a liquor license denied, suspended or revoked by any jurisdiction? ☐ Yes ☐ No
Explain: _____

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

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

Name: _____ Address: _____

Type of Business: _____ Date/ License #: _____

Explain: _____

9. 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: _____

10. 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: _____

11. Does the Applicant have legal possession of the proposed licensed premises for at least 12 months from the date that this RMB 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
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If premises are leased, attach written lease allowing a recreational marijuana business in space or landlord letter.

12. 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 to form this business entity):

13. Are proposed premises within 1,000 feet of any school, university, addiction recovery center or licensed day care? ☐ Yes ☐ No

14. 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 (as defined in 6-16-2)? ☐ Yes ☐ No

Applicant must know requirements of BRC Chapter 6-16 and answer the following questions on local RMB laws:

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

If yes, what items will be sold? _____

16. Describe how Applicant will offset 100% of its electrical consumption with renewable energy or carbon offsets at its Recreational Marijuana business location: _____

17. If location is a store, what ID scanner is to be used and applicant's plan for preventing those under 21 from entry into the business and for removal from the premises of any person that ID scanner does not verify as at least 21 years of age? _____

18. Is Applicant aware of the additional monthly RMB state and city excise tax for Grows and MIPs and the added sales and use tax for RM dispensaries? ☐ Yes ☐ No

19. Has Applicant implemented 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. If Applicant intends to operate a manufacturer infused product location, has an Industrial Hygienist been hired yet? Please state, yes/no and provide name of Industrial Hygienist: _____

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

23. Does the 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 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 for the camera recordings as required by 6-16, B.R.C? ☐ Yes ☐ No

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

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

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

27. Does the Applicant already have or 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?

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 any information in Attachments A to J most recently submitted to the city?

_____ **Renewing Representative's Initials** _____ **Yes** _____ **No**

For any changes, Licensee should submit new ATTACHMENTS to properly report any and all changes.

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

ALL ATTACHMENTS IN HARD COPY FORM

N/A> ATTACHMENT A: Applicant Corporation, Partnership, or Limited Liability business formation documents, management agreements, and operation agreements as specified in B.R.C. 6-16-5 (a) (1) .

N/A> ATTACHMENT B: Background Check and Financial Interests Reports, Fingerprints, and Identification copies for all Owners, Officers, Directors, Partners, Managing Members, Members, City Keyholders, Financiers, and Agents and individuals named in the application. Evidence of Rehabilitation or Court Documents for Disposition if applicable as specified in B.R.C.6-16-5 (a) (2) and (3) and 6-16-5 (a) (10).

N/A> ATTACHMENT C: Summary List of all loans, notes, and gifts, and executed and complete copies of same as specified in B.R.C. 6-16-5-(a) (2).

Required > ATTACHMENT D: Landlord Letter and 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. 6-16-5 (a) (4)

N/A> ATTACHMENT E: Insurance Certificate or compliance evidence with B.R.C. 4-1-8 as in B.R.C. 6-16-5 (a) (5)

Required > ATTACHMENT F: Operating Plan with products and services description, dimensioned floor plan, neighborhood responsibility plan, ingestible items production (if any), energy reporting & offsets, electrical availability, and mold and wastewater discharge plan (if any) as specified in B.R.C. 6-16-5 (a) (6).

Required > ATTACHMENT G: Security Diagram and Text Explanation with Confidential Portions Marked and Confidentiality Reason Identified as specified in B.R.C. 6-16-5 (a) (7), including the location of the off-site camera recordings and the identity of the alarm system monitoring company.

N/A> ATTACHMENT H: Lighting Diagram and Text Explanation for Premises as specified in B.R.C. 6-16-5 (a) (8).

Required > ATTACHMENT I: Business License for Sales tax with Zoning Confirm Form; B.R.C. 6-16-5 (a) (9) & 6-16-7 et seq.

N/A > ATTACHMENT J: Business Entity Financial Records for the last 3 months for an existing business of all checking, savings, and other bank accounts and other financial records depicting 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 the RMB 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 record are subject to review and audit by City Finance department.

THIS APPLICATION IS NOT CONSIDERED COMPLETE UNTIL PAYMENT OF ALL FEES AS REQUIRED BY B.R.C. 4-20-67, INCLUDING RECEIPT OF \$2,500 PORTION OF FEE FOR NEW LICENSE APPLICATIONS DUE FROM THE STATE.

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 Rules and Regulations which govern my Recreational Marijuana Business License Application and any issued Recreational 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



City of Boulder

Finance Department • Licensing Division

LicensingOnline@bouldercolorado.gov • 303 441-4192

MARIJUANA BUSINESS LICENSE APPLICATION FOR PERMANENT MODIFICATION FOR MEDICAL MARIJUANA BUSINESS (MMB) AND RECREATIONAL MARIJUANA BUSINESS (RMB)

Licensee business entity type:

☐ Corporation ☐ LLC ☐ Individual ☐ Partnership ☐ Association or other

Regulatory License type: ☐ Medical Marijuana Business (MMB) License ☐ Recreational Marijuana Business (RMB) License

License type:

☐ MMB Wellness Center ☐ MMB Greenhouse/Grow ☐ RMB/MMB Manufacture Infused Product
☐ RMB Dispensary ☐ RMB Grow ☐ RMB/MMB Testing Facility

City License No.: _____

Licensee name: _____

Trade name/DBA: _____

Premise address: _____
Street address City State Zip Code

Mailing address: _____
(if different from premise location)

Telephone: _____ **Email:** _____

City Sales Tax # _____ **State Sales Tax #** _____ **FEIN:** _____

Change(s) reported (check all that apply)

Permanent modification to licensed premises [please attached fee payable to City of Boulder]:

☐ Permanent Modification to licensed premise

[] Major Modification for Stores and Grows: \$1,100 [] Major Modification for MIPs/ Testing or Water Extract: \$1,500

☐ Add Water Extraction area to Grow license: Please note: in addition to initial fee, there will also be \$500 added for renewals

Only licensees may make above changes (not applicants), except for Water Extract addition

SECTION A - PERMANENT MODIFICATIONS TO LICENSED PREMISES

STEP 1: Complete this change form, attach "before" and "after" diagrams, landlord approval or amended lease, and a zoning confirmation form and submit to city licensing in person in scheduled meeting. You must have a time/date stamped zoning form from licensing before you may proceed to step 2. You should also inquire with State MED as to their proper process.

STEP 2: Apply for building permits at the City P&DS department. Bring a copy of your city license and your time/date stamped zoning form to submit to the P&DS project specialist along with your building plans.

STEP 3: Complete changes of premise construction. When you are done, have requested, and received a letter of completion from P&DS, provide a copy to City Licensing.

STEP 4: MINOR: Schedule inspection with applicable department, or MAJOR: Contact City licensing for Group inspection.

STEP 5: MINOR: 1 dept inspection and may use mod while pending, or MAJOR: PD/Fire/Planning inspection approvals needed and must be approved before mod used. Once you have written inspection approval(s) for change, city licensing will produce an approval letter. The letter original will be mailed to mailing address and a copy will go to State MED.

Describe all changes proposed to licensed premises:

Effective date: _____

Attach to this change form:

- ☐ "Before" modification and "After" modification diagrams of the licensed premise
- ☐ If premise is leased, acknowledgement letter from landlord to consent to change or new/amended lease
- ☐ New zoning confirmation form for P and DS
- ☐ Amended documents such as operating plan and security plan and lighting plan (see attached templates)

SECTION B - WATER EXTRACTION ADDITION FOR GROWS

Please Note: Licensees may not begin the new MIP type of business before the change is approved by the City and the State, and before the premise is inspected by all required City staff.

Please obtain written filing confirmation by city licensing and city building permits before proceeding with construction.

Anticipated date of start of MIP use: _____

Current use for area that will be MIP area: _____

Proposed square footage of MIP area: _____

Zoning district of premise (if known): _____

- ☐ New zoning confirmation attached
- ☐ Amended general and security premise diagrams that include new MIP area attached
- ☐ Other amended documents, including MIP operating plan fill in the blank form and Industrial Hygienist plan for proposed MIP area attached

Oath of Applicant (Owner or Manager)

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 marijuana business license application and any issued marijuana business license.

Signature	Printed name	Title	Date
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General Floor Plan Check Sheet

(For use by Licensing)

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

- ☐ Square Footage of proposed licensed premise [and if it is a dispensary, the total area must be under 3,000 square feet]
- ☐ The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where non-patients will be permitted, private consulting areas, business office location, storage areas for medical marijuana, stairs, retail areas, and areas where medical marijuana or infused products will be processed or distributed
- ☐ Storage areas for toxic, flammable, or other materials and chemicals, if any
- ☐ Location of checkpoints where MMB patient cards will be checked, if applicable
- ☐ 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 medical 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
- ☐ Front and back premise exterior lighting of licensed premises
- ☐ All Exterior Entrances and Exits
- ☐ All Exterior Windows and means of security

Operating Plan summary for Recreational Marijuana Business dispensary locations:

please answer at a minimum the below questions and include any additional information about your business operations:

_____ Total square footage of RMB dispensary location (please note that co located MMB and RMB locations cannot exceed 3,000 sq. feet.

_____ Number of separate rooms i.e. is there a foyer to ID customers, a secure and locked product dispensing room, and a locked overnight storage room with a safe for storage of product and receipts and security for DVD and books and records?

Plan for checking identification of customers at location (please attach separate sheet if necessary):

Plan for ensure that no amount over allowed weight is sold to customers (please attach separate sheet if necessary): _____

Products to be sold at this dispensing location: _____

Provide all other addresses of Colorado businesses operating under business entity: _____

Describe plan for locked disposal of products that are not sold: _____

Describe plan for ventilation to prevent odor of marijuana from escaping licensed premise:

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

Describe plan for reducing carbon footprint through obtaining electrical services at premise:

Operating Plan summary for Recreational Marijuana Business Grow locations:

please answer at a minimum the below questions and include any additional information about your business operations:

_____ Total square footage of RMB Grow location (please note that collocated MMB and RMB 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: _____

Plan for checking identification of customers at location (please attach separate sheet if necessary):

Products to be produced at this dispensing location: _____

Provide all other addresses of Colorado businesses operating under business entity: _____

Describe plan for locked disposal of products and by-product to be made unusable and unrecognizable:

Describe plan for ventilation to prevent odor of marijuana from escaping licensed premise:

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

Describe plan for reducing carbon footprint through obtaining electrical services at premise:

Security Diagram Check List

(For use by Police, Fire and Licensing)

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" and depict the following:

- ☐ The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where non-patients will be permitted, private consulting areas, storage areas for medical marijuana, stairs, retail areas, and areas where medical 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, and other security system components, and the view area covered by each component
- ☐ Location of all check points where MM patient cards are checked, if applicable
- ☐ 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 grows and dispensaries)
- ☐ 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

Security Plan summary for RMB business locations:

Please answer at a minimum the below questions and include any additional information about your business security operations:

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

Location of books and records of the business: _____

Location of where customers 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, but not limited to:

Calling sequence in the event that the system is tripped: _____

Procedure for verification if 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 company emergency contact number: _____

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

Names and contact information for landlord if applicant rents business space: _____

Location of affixed safes and locked refrigerators or freezers for MIP products and the manner used to affix and attach the safe/refrigerator/freezer to the building structure: _____

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