



1800 Harlan Street
Edgewater, Colorado 80214
www.edgewaterco.com

MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION

New License

License Renewal

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

Medical Marijuana Center

Optional Premises Cultivation Operation

Medical Marijuana-Infused Products Manufacturer

No marijuana store shall be issued a license if the proposed location, if approved, will exceed the maximum number of licensed locations permitted in the City. The maximum total combined number of medical marijuana centers and retail marijuana stores in the City shall not exceed five (5). A medical marijuana center and a retail marijuana store co-located in accordance with Section 16-32-110 of the EMC shall be counted as one (1) center/store.

It shall be unlawful for any optional premises cultivation operation to: operate in the City, unless it operates within the licensed premises of, and as an optional premises to, a medical marijuana center or a medical marijuana-infused products manufacturer located in the City that is under the same ownership as the optional premises cultivation operation; or sell, give, dispense or otherwise distribute medical marijuana except to a medical marijuana center or medical marijuana-infused products manufacturer located in the City that is under the same ownership as the optional premises cultivation operation.

It shall be unlawful for any medical marijuana-infused products manufacturer to: operate in the City unless its owner also holds a medical marijuana center license in the City, and the medical marijuana infused products manufacturer operates within the licensed premises of the medical marijuana center; or sell, give, dispense or otherwise distribute any of the products that it manufactures except to a medical marijuana center located in the City that is under the same ownership as the medical marijuana-infused product manufacturer.

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

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): _____

Applicant Contact Name (please print): _____

Address of Premise Location:

Street Address City State Zip Code

These items are also required to apply for a general City business license. If you are simultaneously filing this Application **and an application for a general City business license, you may submit only one (1) copy of each of these items. Filing one copy will satisfy both application requirements.

Business Mailing Address (if different from Premise location):

Street Address _____ City _____ State _____ Zip Code _____

Business Phone: _____ Emergency Phone: _____

Business Email Address: _____ Website Address: _____

State Sales Tax License No.: _____ State Medical Marijuana License No.: _____

FEIN No.: _____ Jefferson County Health Department License No.: _____

If Applicant is an individual, please complete the following:
Home Address:

Street Address _____ City _____ State _____ Zip Code _____

Social Security Number * (last four digits only): _____ Date of Birth: _____

Driver's License Number: _____ Jurisdiction that issued Driver's License: _____

The Applicant shall present for recording one (1) of the following forms of identification:

- An identification card issued in accordance with Section 42-2-302, C.R.S.;
- A valid Colorado driver's license;
- A valid driver's license containing a picture issued by another state;
- A United States military identification card;
- A valid passport; or
- An alien registration card.

Does the Applicant have legal possession of the premises for at least one (1) year from the date that this license will be issued by virtue of ownership, lease or other arrangement? Yes No

Ownership Lease Other (explain in detail): _____

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

Landlord	Tenant	Expires

Building Owner's Mailing Address:

Street Address _____ City _____ State _____ Zip Code _____

Contact Phone Numbers: _____

If premises are leased, attach a written notarized statement from the owner of the property authorizing the use of the property for a medical marijuana business.

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 the City. All records must be kept in the English language in a legible manner and must be preserved and made available for inspection by the City for a period of three (3) years after the date of the occurrence and/or transaction.

Is this proposed premises to be licensed within 500 feet of any educational institution or school, either public or private (for initial applications only)?

Yes No

Is this proposed premises to be licensed located in a residential zoning district?

Yes No

The locational criteria shall apply to all proposed changes in the location of an existing license.

Is this proposed premise location the only location that is affiliated with this business?

Yes No

Has the Applicant paid the application licensing fees to the State Licensing Authority in connection with their review of the application?

Yes No

If there is another location associated with this business entity, please list all other premise location addresses both in and outside of the City of Edgewater (e.g. all medical marijuana centers, optional premises cultivation operations and medical marijuana-infused products manufacturing operations which operate in concert to form this business entity):

Type of Business	Location (Street, City, State, Zip Code)

On-site manager information: Name: _____			
Home Address: _____			
Street Address	City	State	Zip Code
Business Cell Phone Number: _____		Email Address: _____	
Social Security Number * (last four digits only): _____		Date of Birth: _____	
Driver's License Number: _____		Jurisdiction that issued Driver's License: _____	

Will there be ANY remodeling or building alterations? Yes No

Will you be installing a new sign or changing an existing sign? Yes No

Have you applied for a sign permit? Yes No

Does the Applicant have a comprehensive business operating plan? Yes No

The business operating plan must be attached and contain, at a minimum the following:

- A description of any cultivation activities within the medical marijuana business which includes, without limitation, the area in which plants will be grown, a description of the lighting system for the lighting system for cultivation, a description of the ventilation and odor filtration system for the premises, if any, and a description of the automatic fire suppression system, if any; and
- Any additional information that the Authority reasonably determines to be necessary in connection with the investigation, review and determination of the application.

* Not released pursuant to C.R.S. 24-72-3-102.

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 and belief. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Edgewater Municipal Code and all Rules and Regulations which govern my Medical Marijuana Business and Medical Marijuana Business License Application. I further acknowledge that it is my responsibility to provide the City with amendments to this application in the event that any information provided herein changes after the date of application

Authorized Signature	Printed Name and Title	Date



**MEDICAL MARIJUANA DISPENSARY LICENSE
 Indemnification Agreement and Affidavit of Acknowledgement**

Name of Applicant:	
Business Name:	
Proposed Dispensary Location:	

As an Applicant for a Medical Marijuana Dispensary Business License individually or on behalf of an entity, I on my behalf or on behalf of the entity for which I am applying, hereby acknowledge and agree to the following (please initial):

_____ I have obtained and examined a copy of Chapter 16, Article 30, of the Edgewater Municipal Code of the City of Edgewater, Colorado, pertaining to Medical Marijuana Businesses, and I agree to abide by and conform to all of the conditions of the Medical Marijuana Business License and all provisions of the Edgewater Municipal Code.

_____ I understand that by accepting a License issued pursuant to Chapter 16, Article 30, of the Edgewater Municipal Code, the licensee waives any claim concerning, and releases the City, its officers, elected officials, employees, attorneys and agents from any liability for injuries or damages of any kind that result from any arrest or prosecution of business owners, operators, employees, clients or customers of the licensee for any violation of state or federal laws, rules or regulations.

_____ I understand that by accepting a License issued pursuant to Chapter 16, Article 30 of the Edgewater Municipal Code, the licensees, jointly and severally if more than one (1), agree to indemnify, defend and hold harmless the City, its officers, elected officials, employees, attorneys, agents, insurers and self-insurance pool against all liability, claims and demands on account of any injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever arising out of or in any manner connected with the operation of the medical marijuana dispensary business that is the subject of the license.

_____ I understand that the issuance of a License pursuant to Chapter 16, Article 30, of the Edgewater Municipal Code, shall not be deemed to create an exception, defense or immunity for any person in regard to any potential criminal liability the person may have under state or federal law for the cultivation, possession, sale, distribution or use of marijuana.

_____ I understand that the Applicant and the employees of the Applicant of the medical marijuana dispensary may be subject to prosecution under federal marijuana laws.

_____ I understand that compliance with applicable provisions of the Colorado Medical Marijuana Code, Article 43.3, Title 12, C.R.S., and any amendments thereto, is also required.

_____ I understand that if a medical marijuana dispensary business license is issued, it is valid for a period of one (1) year from the date of issuance.

Applicant's Signature	Date



**MEDICAL MARIJUANA BUSINESS LICENSE
 Property Owner Affidavit**

Name of Applicant:		
Business Name:		
Proposed Business Location:		
Property Owner's Printed Name		
Last	First	Middle

I, _____, hereby state that I am the owner of record of the property located at _____, Edgewater, Colorado, and further acknowledge that by signing this affidavit I authorize the submission of the application and the use of the property for a medical marijuana business.

 Signature of Property Owner Date

State of _____)
) ss
 County of _____)

Sworn to before me this _____ day of _____, 20____, by
 _____.

 Notary Public

(Seal)

My commission expires: _____