

**MEDICAL MARIJUANA BUSINESS LICENSE
SUBMITTAL REQUIREMENTS
AND PROCESSING INFORMATION**

The following documents/information must be submitted as part of the Medical Marijuana Business Licensing application:

- Completed license application;
- One 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.
- Indemnification Agreement and Affidavit of Acknowledgment;
- **Applicant Corporation, Partnership, or Limited Liability Company business formation documents, management agreements, and operation agreements, with a certificate of good standing issued by the Colorado Secretary of State as applicable;
- **Copy of the deed reflecting ownership of, or a lease reflecting the right of the Applicant to possess, the proposed licensed premises, term current and valid for one (1) year from license issuance;
- If the Applicant is not the owner of the proposed licensed premises, a notarized statement from the owner of such property authorizing the use of the property for a medical marijuana business;
- Evidence of the issuance of a valid City general business license;
- Evidence of the issuance of a valid state of Colorado medical marijuana business license for the proposed licensed premises ;
- A business operation plan for the medical marijuana business that contains, 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 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;
- All necessary City fees in cash or checks payable to the City of Edgewater;
- Other required permits or licenses related to the operation of the medical marijuana business including, without limitation, any development approvals, building permits or sign permits; and
- Any additional information that the Authority reasonably determines to be necessary in connection with the investigation, review and determination of the application.

The following is an overview of the processing steps for a Medical Marijuana Business License:

1. All businesses related to the medical marijuana industry must have a City business license issued pursuant to Article 1 of Chapter 6 of the EMC.

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.

2. Approval of your medical marijuana business license application, and issuance of a medical marijuana business license, is required prior to operating a business. The application should be submitted early in the process to ensure your proposed business and building location is compliant with the EMC. Applications are available at City Hall, 2401 Sheridan Boulevard, or on the City's website <http://edgewaterco.com/>.
3. Rules governing medical marijuana businesses in the City of Edgewater are contained in Article 30 of Chapter 16 of the EMC. Please review that Article as it provides rules and regulations concerning where medical marijuana businesses may be located and how they must be operated. **It is your responsibility to be familiar with local ordinances governing medical marijuana businesses and to abide by them at all times.**
4. It is unlawful for any person to establish or operate a medical marijuana business in the City without first having obtained from the City and the state a license for each facility to be operated in connection with such business. Such licenses shall be kept current at all times and shall be conspicuously displayed at all times in the premises to which they apply. The failure to maintain a current license shall constitute a violation of the EMC.
5. All licenses shall be renewed annually.
6. An application for renewal of an existing license shall be made on forms provided by the City and the state. At the time of the renewal application, each Applicant shall pay a nonrefundable fee to the City, as set forth in the City's Fee Schedule.
7. Prior to making an initial application for a license pursuant to the Colorado Medical Marijuana Code and the provisions of Article 30 of Chapter 16 of the EMC, the person potentially seeking the license shall first attend at least one (1) pre-application meeting with the City Manager, City Clerk, and any other City official or employee whose presence is requested by the City Manager or City Clerk. The purpose of the pre-application meeting is to advise the potential Applicant as to the process for applications, to answer preliminary questions from the potential Applicant, and to provide an opportunity to identify issues that might preclude the issuance of a license pursuant to Article 30, Chapter 16, of the EMC. Prior to such pre-application meeting, the potential Applicant shall pay a pre-application fee to the City, as set forth in the City's Fee Schedule. A person seeking a license pursuant to the Colorado Medical Marijuana Code and the provisions of Article 30, Chapter 16 of the EMC shall submit an application to the City on forms provided by the state and City. At the time of application, each Applicant shall pay an application fee to the City, as set forth in the City's Fee Schedule.
8. Submit complete application and all required attachments to City Clerk, Beth A. Hedberg.
9. No medical marijuana business shall be issued a license if, at the time of the initial application for such license, the proposed location is within five hundred feet (500') of any educational institution or school, either public or private. The distance set forth in above shall be computed by direct measurement in a straight line from the nearest property line of the educational institution or school, to the nearest property line of the lot on which the medical marijuana business is located. The locational criteria set forth above shall apply to all proposed changes in the location of an existing licensed business. Any provisions of the EMC concerning home occupations notwithstanding, no medical marijuana business shall be located in a residential zoning district. If you have questions about your proposed location, please contact the City Planner, Patty McCartney, pmccartney@edgewaterco.com or 720-763-3053.
12. If interior or exterior changes are proposed to the tenant space or building, the Applicant will need to contact the Edgewater Building Department and the Wheat Ridge Fire Department for information related to applicable building codes and necessary permits. The Building Department can be reached at 720-763-3001. The Fire Department can be reached at 303-403-5900 or www.wrfire.org.
13. If a sign is proposed, a sign permit will be required. Signs shall comply with Chapter 16, Article 19 of the EMC
14. Upon receipt of a complete application, the Authority shall circulate the application to all affected service areas and departments of the City to determine whether the application is

in full compliance with all applicable laws, rules and regulations. No license shall be approved issued until after the proposed premises is inspected to determine compliance of the premises with any applicable requirements of Chapter 16 of the EMC, and with the plans and descriptions submitted as part of the application. Please contact the Wheat Ridge Fire Department at 303-406-5900 to schedule a fire inspection. Within thirty (30) days after the completion of the Authority's investigation of the application, the Authority shall issue a written decision approving or denying the application for licensure, which decision shall state the reason(s) for the decision and be sent via certified mail to the Applicant at the address shown in the application. In addition, the Authority shall promptly notify the state medical marijuana licensing authority of any approval of an application for local licensure.

15. After approval of an application, the Authority shall not issue a license or license certificate until the building in which the business is to be conducted is ready for occupancy with such furniture, fixtures and equipment in place as are necessary to comply with the applicable provisions of Article 30 of Chapter 16 of the EMC. Each license certificate issued by the City pursuant to this Article shall specify the date of issuance, the period of licensure, the name of the licensee, and the premises or optional premises licensed.
16. The Authority shall deny any application that does not meet the requirements of the EMC and may deny an application that does not meet the requirements of the Colorado Medical Marijuana Code. The Authority shall also deny any application that contains any false, misleading or incomplete information. Denial of an application for a license shall be subject to review by a court of competent jurisdiction.
17. The licensee shall promptly notify the City Clerk, in writing, of any change in the information provided in the license application. The City Clerk may investigate the change for compliance with the EMC.



2401 Sheridan Boulevard
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

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:

Table with 3 columns: 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: _____	

Is the business a change of use or occupancy for this location? Yes No

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: _____