



Please provide the names and addresses of ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, FINANCIERS AND ANY OTHER INDIVIDUALS OR ENTITIES that own any percentage to total 100% ownership of the Applicant or entity applying for this license.

<u>Name</u>	<u>Home Address, City, State, Zip (Do not use P.O. Box)</u>	<u>Position</u>	<u>% Owned</u>

(If necessary, provide additional information on a separate sheet.)

TOWN OF TELLURIDE		
Town Retail Marijuana Sales Tax #		
Town Retail Marijuana Business License #		
Did the Applicant receive approval for a Town of Telluride Medical Marijuana Center License, Certificate of Zoning Compliance and a Retail Sales Tax License prior to October 1, 2013?	Yes	No
Does Applicant intend to operate a medical marijuana center and a retail marijuana store out of the same Licensed Premises?	Yes	No
If yes, describe how the medical and retail operations will be maintained separate and distinct one from the other. (This should be a detailed description. Please include any physical barriers or signage that will be used to achieve separation).		
Will retail marijuana cultivation occur on the proposed Licensed Premises?	Yes	No
Does the proposed Licensed Premises have a suitable limited access area where the cultivation, if applicable, display, storage, processing, weighing, handling, and packaging of retail marijuana occurs, which is posted "employees only," and is separated from the areas accessible to the public by a wall, counter, or some other substantial barrier designed to keep the public from entering the area?	Yes	No



REGISTERED MANAGER		
State the name of the registered manager who is delegated the authority over day to day operations of the licensee and who has the responsibility to ensure that the proposed Licensed Premises are operated in compliance with Chapter 6 Article 6 of the Telluride Municipal Code.		
First Name	Last Name	
STATE OF COLORADO APPLICATION		
Did the Applicant complete and submit the forms and pay the fees to the Colorado Department of Revenue required under C.R.S. § 12-43.4-101, <i>et seq.</i> ?	Yes	No
Provide a copy of the entire application submitted to the State Department of Revenue (pdf, disk or thumb drive versions of the State application are preferred).		
CONTROL AND SECURITY OF THE LICENSED PREMISE		
Does Applicant have sole legal control of the proposed Licensed Premises at the time the application is submitted by virtue of lease or present ownership interest?	Yes	No
Attach a copy of lease/deed/contract.		
SECURITY PLAN		
Please submit a security plan for the proposed Licensed premises. Attach it to the application labeled "Security Plan." Explain in detail <i>at a minimum</i> the following security measures:		
A)	All doors, windows and other points of entry have secure, functioning commercial grade locks	
B)	A locking safe or enclosed metallic storage vault located inside the proposed Licensed Premises in which any Retail Marijuana and Retail Marijuana Products will be secured when the Licensed Premises are not open to the public	
C)	If the Licensed Premises are connected by any passage or entryway to any other Premises, there is a door between the two Premises that can be locked from the Licensee side and cannot be opened from the other side	
D)	A professionally installed and continuously monitored burglar alarm system that detects unauthorized entry at all doors, windows, and other points of entry to the Licensed Premises	
→ State whether this system is continuously monitored by a professional monitoring company or whether there is a system in place to self-monitor;		
→ If the alarm system is continuously monitored professionally, please state the name and address of the alarm company and attach a contract with such alarm company.		



E)	Windows facing Adjacent Grounds and lighting of the Adjacent Grounds sufficient to ensure that customers entering and leaving the Licensed Premises, entering and exiting parked cars on the adjacent grounds, and walking across the Adjacent Grounds can be observed by Employees from inside the Licensed Premises.
OPERATIONAL ELEMENTS OF THE PROPOSED LICENSED PREMISES	
Please submit an operational plan and attach it to the application labeled "Operational Plan" with information provided for each item a) through i). This should show how the business, proposed Licensed Premises and adjacent grounds will be operated, including but not limited to:	
A)	How and where marijuana will be cultivated, processed, stored, packaged, purchased, exchanged, exhibited, advertised, and sold
B)	How the business, Licensed Premises, and Adjacent Grounds will comply with each requirement contained in State law and Town ordinances, especially Chapter 6, Article 6 of the Telluride Municipal Code
C)	How the operation will reduce or mitigate adverse effects on the area in which it is situated, including but not limited to any adverse effects related to crime, odors, traffic, parking, noise and lighting
D)	How the area of the proposed Licensed Premises where cultivation operations are located are equipped with a ventilation system with carbon filters sufficient in type and capacity to eliminate marijuana odors
E)	Hours of operation
F)	Number of and names of all employees
G)	Parking for employees and customers on the Adjacent Grounds
H)	Traffic flow into and out of the Licensed Premises and Adjacent Grounds
I)	Record keeping as required under State law and Chapter 6, Article 6 of the Telluride Municipal Code
REQUIREMENTS SPECIFIC TO A RETAIL MARIJUANA TESTING FACILITY	
Are you applying for a Retail Marijuana Testing Facility?	Yes No
If Yes, Does Applicant and/or any of its Principal Owners hold any interest in any medical marijuana business(es) licensed or pending application for a license pursuant to the local or state Medical Code or in any Telluride Retail Marijuana Establishment licensed or pending application for a license pursuant to the Retail Code	Yes NA



TOWN LEGAL DEPARTMENT
 113 W. COLUMBIA AVENUE
 TOWN CLERK'S DEPARTMENT
 135 W. COLUMBIA AVENUE
 P.O. BOX 397 • TELLURIDE, CO 81435
 OFFICE: (970) 728-2158

AFFIRMATION	
Initial	
	I understand that the employees of the proposed Retail Marijuana Establishment including the Applicant, jointly or severally, applying for this license, may be subject to prosecution under federal law.
	I understand that the Town of Telluride, Colorado accepts no legal liability in connection with the approval and subsequent operation of the applied for Retail Marijuana Establishment. I hereby release the Town of Telluride, Colorado, Town employees and elected/appointed officials from any and all liability in connection with the proposed approval and subsequent operation of the applied for Retail Marijuana Establishment.
	I agree and authorize that Service of Process may be made upon any employee of the Licensee on behalf of myself, all owners, officers, directors, partners, managing members, business managers, financiers, primary caregivers and any other individual or entity that own any percentage of Applicant.
	I understand that I shall not make any major changes to the License, Licensed Premises, or Adjacent Grounds without first obtaining written approval of the Authority.
I agree to report the following to the Authority, in writing, within ten (10) days of such event:	
	Any new credits or debts that the Licensee or its Principals may incur that are related to the Licensed Premises, Adjacent Grounds, or any ownership interest in the Licensee in a single or cumulative amount greater than ten thousand (\$10,000)
	Any charges filed against or any conviction of any Principal, Registered Manager, or Employee for any felony, misdemeanor, or serious traffic offense including but not limited to any deferred judgment or entry into any diversion program ordered or supervised by a court of law; or
	The hiring, dismissal, or resignation of <u>any</u> Employee.

UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, I ATTEST THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHMENTS HERETO ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature: _____

Date: _____

Printed Name: _____

STATE OF COLORADO)



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Retail Marijuana License Application Checklist	
	Complete, and notarized Town of Telluride application
	Signed by officer – we will not accept applications signed by employees or managers
Fees – Made Payable to Town of Telluride	
	\$25 – if paper packet is requested (will be credited to application fee <i>if</i> complete application is received)
	\$1,000.00 Application for New License
	\$1000.00 Retail Marijuana Testing Facility
Business Documentation	
	Operating Agreement (LLC)
	Articles of Organization (Corporation) Bylaws complete and signed
	Certificate of Good Standing from Secretary of State
	Copy of current Town of Telluride Business License
	Copy of current State of Colorado Retail (if applicable) License; or application to the State of Colorado
Other	
	Lease Agreement – Copy of your current, amended or new lease, <u>in the name of the business</u> , fully executed and signed. We will not accept a lease in an individual's name.
	Floor plan of facility, to scale, on 8.5 x 11 inch paper. These drawings should identify walls, fixtures, countertops, entrances, exits, safes, storage areas, location of cameras, DVR(s) and security rooms.
	List of all employees
	Security Plan
	Operational Plan
	Affidavit of Age Compliance
	Copy of Security Monitoring Agreement with off-site monitoring company
	Certificate of Zoning Compliance from Town of Telluride Planning Department
Individual History Form	
	Submitted for each applicant, owner, members, or employee
	Fingerprints – Arrangements are made through the Telluride Marshal's Department. Each individual that submitted an individual history must be fingerprinted and have a background check.



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AFTER INITIAL DETERMINATIONS ARE ISSUED BY THE LOCAL LICENSING AUTHORITY'S, THE APPLICANT MUST MAKE ARRANGEMENTS FOR INSPECTIONS WITH THE FOLLOWING DEPARTMENTS.

TELLURIDE FIRE PROTECTION DISTRICT	
Written comments or a letter from the appropriate fire district in which the proposed licensed premises are to be located demonstrating compliance with the applicable adopted fire code provisions.	
<input type="checkbox"/> No objection to the Retail Marijuana facility as proposed.	
_____	_____
Signature TFPD	Date
<input type="checkbox"/> Applicant must comply with the following adopted fire code provisions:	

Signature TFPD	Date

TOWN OF TELLURIDE BUILDING DEPARTMENT	
For all licensed facilities located within a building or structure for which a Town of Telluride permit is required, documentary proof of compliance with all applicable county building code standards, as well as documentary proof of compliance with all applicable Colorado Plumbing/Electrical Code standards.	
<input type="checkbox"/> No objection to the Retail Marijuana Store as proposed.	
_____	_____
Signature TOT Building Official	Date
<input type="checkbox"/> Applicant must comply with the following county building code standards:	

Signature TOT Building Official	Date



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TOWN OF TELLURIDE MARSHAL'S DEPARTMENT	
Written comments or a letter from the Telluride Marshal's Department to the Local Licensing Authority concerning the issuance of the license(s) for which the application has been made.	
No objection to the Retail Marijuana facility as proposed.	
_____	_____
Signature	Date
Application should be Denied. See attached written report of the results of the SMCSO investigation of the proposed licensee(s).	
_____	_____
Signature	Date