



TOWN LEGAL DEPARTMENT
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Town of Telluride Medical Marijuana License Application

This Application contains terms that may be defined in either the Telluride Municipal Code Chapter 6, Article 5 or the Colorado Medical Marijuana Code, codified at C.R.S. § 12-43.3-101, et. seq.

This Application is for the following Medical Marijuana License type:

- Medical Marijuana Center (\$1000.00)
- Medical Marijuana Infused Products Manufacturing Operation (\$1000.00)
- Medical Marijuana Optional Off-Site Premises Cultivation (\$1000.00)

Applicant is applying as (attach organizational documents, if applicable):

- Corporation Individual Partnership
- Limited Liability Corporate Entity Association or Other

1) Applicant Name: _____

2) Trade Name of Establishment (doing business as): _____

3) Physical Address of Proposed Licensed Premises: _____

4) Business Mailing Address: _____

4a) Registered Agent mailing address, if applicable: _____

5a) Email Address: _____ 5b) Telephone Number: _____

6a) Town Sales Tax #: _____ 6b) Town Business License #: _____



Please add additional pages if you need to explain your answer to any of the questions on this application form.

Applicant Ownership and Management Structure

- 7) Is the Applicant a resident of, or entity registered with, the State of Colorado? Yes No
- 8) If Yes, when did you become a resident of, or registered with, the State of Colorado? _____
- 9) Please provide the names and addresses of ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, FINANCIERS, PRIMARY CAREGIVERS 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.)

10) Name of the registered business 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 5 of the Telluride Municipal Code:

11) Did the Applicant commence operations and receive a Town of Telluride Certificate of Zoning Compliance or a Retail Sales Tax License prior to August 1, 2010? Yes No

12) Did the Applicant complete and submit the forms and pay the fees to the State Department of Revenue required under C.R.S. § 12-43.3-103(1)(b) by August 1, 2010? Yes No

Note: If so, 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).

13) Did the Applicant or business entity applying for this license certify to the State Department of Revenue, on or before September 1, 2010, that it is cultivating at least seventy percent (70%) of the marijuana necessary for its operation, as required in C.R.S. §12-43.3-103(2)(b)?

Yes No

14) Is the Applicant prepared to continue to certify to the State Department of Revenue, on a continuing yearly basis, that it will cultivate at least seventy percent (70%) of the medical marijuana necessary for its operation, as required in C.R.S. §12-43.3-103(2)(b)? Yes No



Control and Security of the Premise

15) 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

NOTE: Applicant must provide a copy of recorded deed to premise, executed lease for the premise or other possession evidence as part of this application.

16) Does the proposed Licensed Premises have a suitable limited access area where the cultivation, display, storage, processing, weighing, handling, and packaging of medical marijuana and marijuana infused products 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

17) Please submit a security plan for the proposed licensed premises showing and/or explaining at least the following security measures:

- a) all doors, windows and other points of entry have secure and functioning locks;
- b) a locking safe or enclosed metallic lockable storage vault located inside the proposed licensed premises in which any harvested medical marijuana and medical marijuana infused 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 monitored burglar alarm system that detects unauthorized entry of all doors, windows and other points of entry to the proposed licensed;
- e) windows facing the 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;
- f) methods to prevent and protect employees, patients, primary caregivers and others from robberies and assaults on the licensed premises and adjacent grounds;
- g) a Planning Department approved plan showing exterior lighting of the building and adjacent grounds; and
- h) a plan showing a limited access area barrier, limited access area, and employee badges for entering the limited access area as required under state law and Chapter 6, Article 5 of the Telluride Municipal Code.

Operational Elements of the Proposed Licensed Premises

18) Please submit an operational plan showing how the business, proposed Licensed Premises and adjacent grounds will be operated, including but not limited to:

- (a) how and where marijuana or marijuana infused products will be cultivated, advertised, processed, stored, packaged, exhibited, purchased, exchanged, 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 5 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) hours of operation;
- (e) number of employees;
- (f) parking for employees and customers on the Adjacent Grounds;
- (g) traffic flow into and out of the Licensed Premises and Adjacent Grounds;
- (h) record keeping as required under State law and Chapter 6, Article 5 of the Telluride Municipal Code; and
- (i) procedures for identifying patients when making sales.

Requirements Specific to a Medical Marijuana Center License

1. Does the Applicant cultivate, either directly or thru a permitted vertical integration methodology under the State Medical Marijuana Code, at least seventy percent (70%) of the marijuana sold or exchanged on the Licensed Premises? Yes No
2. Is the area of the proposed Licensed Premises equipped with a ventilation system with carbon filters sufficient in type and capacity to eliminate marijuana odors emanating from the interior to the exterior discernible by a reasonable person, including to any public property or right of way within the Town? Yes No

Requirements Specific to Optional Off-Site Premises Cultivation License

(Do NOT complete this section unless, in addition to the Medical Marijuana Center License, Applicant is also applying for an Optional Off-Site Premises Cultivation License)

1. Is the proposed optional off-site premises cultivation either contiguous to the licensee's licensed premises for a licensed medical marijuana center or a marijuana infused products manufacturer's operation or is it located outside the Town of Telluride? Yes No

(If located outside of the Town of Telluride, there is no need to complete the rest of this section.)

2. Is the area of the proposed optional off-site premises cultivation equipped with a ventilation system with carbon filters sufficient in type and capacity to eliminate marijuana odors emanating from the interior to the exterior discernible by a reasonable person, including to any public property or right of way within the Town? Yes No
3. Is the area of the proposed optional off-site cultivation located in a separate building that does not share any doors, windows, air passages, vents, ducts or any heating, ventilation, air conditioning, or air handling equipment or structures with any other building or premises whatsoever, including but not limited to a medical marijuana center or medical marijuana infused products manufacturing center? Yes No
4. Is the area of the proposed optional off-site premises cultivation secured by means of walls, barriers, locks, signs or other means to prevent any public access into the area utilized for the off-site cultivation? Yes No
5. With regard to the premise of the proposed optional off-site cultivation, is any part of this building utilized as a residence? Yes No

Requirements Specific to a Marijuana Infused Product Manufacturer's License

(Do NOT complete this section unless, in addition to the Medical Marijuana Center License, Applicant is also applying for a Marijuana Infused Product Manufacturer's License)

1. Does the applicant have a contract with a medical marijuana center, stating the type and quantity of medical marijuana infused product that the medical marijuana center will buy from the licensee? Yes No
2. Will the applicant use marijuana from more than five marijuana providers, including its own cultivation of marijuana either directly or thru a permitted vertical integration methodology under the State Medical Marijuana Code, to manufacture its marijuana infused products? Yes No

Affirmation

I understand that the employees of the proposed Medical Marijuana Facility, including the Applicant or entity applying for this license, may be subject to prosecution under federal law.

____ Initial

I understand that the Town of Telluride, Colorado accepts no legal liability in connection with the approval and subsequent operation of the applied for Medical Marijuana Facility. 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 Medical Marijuana Facility.

____ Initial

I agree and authorize that Service of Process may be made upon any employee 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.

____ Initial

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

Signature: _____

Date: _____

Printed Name: _____

STATE OF COLORADO)
) ss.
COUNTY OF _____)

Subscribed, sworn to and acknowledged before me this _____ day of _____, 20__ by:

WITNESS my hand and official seal. My commission expires: _____

Notary Public Signature

