



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 FAX: (970) 728-3078

## Town of Telluride Marijuana License Major Change Application

This application contains terms that may be defined in Telluride Municipal Code Chapter 6, Articles 5 and 6, or in the Colorado Retail and Medical Marijuana Codes, codified at C.R.S. § 12-43.4-101 and § 12-43.3-101 et seq. Please complete all applicable sections in ink, attaching additional pages for required explanations, plan revisions, or attachments requested and return the completed, notarized Application to the Town Clerks Department.

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>I. LICENSE TYPE</b> (check one)   |   |  |                         |
| <input type="checkbox"/> Medical Marijuana Center<br><br><input type="checkbox"/> Retail Marijuana Center<br><input type="checkbox"/> w/ Cultivation Operation   | <input type="checkbox"/> Retail Marijuana Product Manufacturing Facility<br><br><input type="checkbox"/> Medical Marijuana-Infused Products Mfg. Facility<br><br><input type="checkbox"/> Retail Marijuana Testing Facility |  |                         |
| <b>II. LICENSEE AND PREMISES</b>   |   |  |                         |
| Applicant/Licensee's Legal Business Name   |   | Trade Name/DBA                                 |                         |
| Physical Address   | Telluride Marijuana Lic. #  | Telluride Bus. Lic. #                          | Bus Phone               |
| Mailing Address  | City  | State  | Zip                     |
| <b>III. PRIMARY CONTACT</b>  |   |  |                         |
| Name   | Phone   | Email  |                         |
| Physical Street Address  | City  | State  | Zip                     |
| <b>IV. BUSINESS STRUCTURE</b> (check one)  |   |  |                         |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other<br><br>Describe Other:   |   |  |                         |
| <b>V. LICENSE INFORMATION</b>  |   |  |                         |
| Telluride Business and Sales Tax License #:  |   | State of Colorado Sales and Use Tax License #: |                         |
| <b>VI. MAJOR CHANGE TYPE</b> (check one)   |   |  |                         |
| <input type="checkbox"/> Change in Location – Move of the Licensed Premises: \$1,000 (Retail) \$500 (Medical)<br><input type="checkbox"/> Change in Principals or Ownership: \$300 <ul style="list-style-type: none"> <li><input type="checkbox"/> Change of license or ownership interest in the licensee entity, or ownership of any of the stock in the licensee corporation OR</li> <li><input type="checkbox"/> Change in the licensee's principals or registered manager</li> </ul> <input type="checkbox"/> Modification of Premises: \$400 <ul style="list-style-type: none"> <li><input type="checkbox"/> including, walls, doors, windows, ventilation, plumbing, electrical supply, floor plan, footprint, elevation, operation, Operational Plan, Security Plan, patios, decks, safe or vault, locks, burglar alarm system, or doors at the Licensed Premises OR</li> <li><input type="checkbox"/> material change to the Adjacent Grounds, including but not limited to lighting, parking, traffic flow through, and the Adjacent Grounds surfaces, landscaping, fences, or sound speakers</li> </ul> |   |  |                         |
| Did the Applicant complete and submit a Major Change Application to the Colorado Department of Revenue, Marijuana Enforcement Division?  | Yes   | No   | Anticipated Filing Date |

## VII. DESCRIPTION OF MAJOR CHANGE

Describe in detail the proposed Major Change:

## VIII. SPECIFIC TO CHANGE IN OWNERSHIP

| 1.                                      | Is Applicant a resident of, or entity registered with, the State of Colorado? If an entity registered with the State of Colorado, <b>attach a current Certificate of Good Standing</b> from the Secretary of State's official website.  | Yes            | No        |
|---|---|----------------|-----------|
| 2.                                      | If yes, on what date did you become a resident of or was the Applicant first registered in Colorado?  |                |           |
| 3.                                      | Provide the following information for ALL Owners, Officers, Directors, Partners, Managing Members, Business Managers, Financiers, Primary Caregivers, and ANY Other Individuals or Entities owning any percentage of the Applicant or Entity Applying for the License - <b>Percentage MUST total 100%</b> . (If necessary, provide additional information on a separate sheet.) |                |           |
| Previous Owner/Licensee                 |   | Trade Name/DBA |           |
| Previous Owner/Licensee Mailing Address |   | City           | State Zip |
| Name                                    | Mailing Address, City, State, Zip   | Position       | % Owned   |
|   |   |                |           |
|   |   |                |           |
|   |   |                |           |
|   |   |                |           |
|   |   |                |           |

## IX. SPECIFIC TO CHANGE IN REGISTERED MANAGER

|                  |                 |  |       |     |
|------------------|-----------------|--|-------|-----|
| Previous Manager | Mailing Address | City   | State | Zip |
| New Manager      | Email           | <ul style="list-style-type: none"> <li>● Must Submit An Individual History</li> <li>● Must be fingerprinted at Marshal's Office</li> </ul> |       |     |
| Physical Address |                 | City   | Phone |     |
| Mailing Address  |                 | City   | State | Zip |

## X. SPECIFIC TO CHANGE IN LOCATION (Must also complete section on Modification of Premises)

|  |  |      |       |     |
|--|--|------|-------|-----|
| Physical Address of Proposed Licensed Premises |  |      |       |     |
| Mailing Address                                |  | City | State | Zip |
| 1.   | Has the Applicant received a Town of Telluride Certificate of Zoning Compliance for the proposed location?   | Yes  | No    |     |
| 2.   | If the Application is approved, will the Applicant have sole legal control of the proposed Licensed Premises by virtue of lease or present ownership interest? | Yes  | No    |     |

| XI. SPECIFIC TO MODIFICATION OF PREMISES & CHANGE IN LOCATION   |  |     |    |     |
|---|--|-----|----|-----|
| 1.  | Does Applicant operate a Medical Marijuana Center and a Retail Marijuana Store out of the same Licensed Premises? If yes, separate applications and fees are required for each license.  | Yes | No |     |
| 2.  | If yes, attach a detailed description of how the medical and retail operations will continue to be maintained separate and distinct one from the other, including but not limited to any physical barriers or signage that will be used to achieve separation, if the Major Change is approved.  |     |    |     |
| 3.  | Will marijuana cultivation occur on the existing or proposed Licensed Premises?  | Yes | No |     |
| 4.  | If yes, does the proposed Licensed Premises have a suitable limited access area where the cultivation, display, storage, processing, weighing, handling, and packaging of 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 | N/A |
| 5.  | If the Major Change involves renovation to interior space, does the Applicant have written permission from the property owner to make the proposed renovation? <b>Attach evidence of owner's consent.</b>  | Yes | No | N/A |
| Attach a revised Security Plan, labeled "Security Plan", if this application is for a change in location; or for any change in the structure, walls, doors, windows, ventilation, plumbing, electrical, floor plan, footprint, elevation, Operational Plan, patios, decks, safe or vault, locks, or burglar alarm system at the Licensed Premises. Explain in detail <u>at a minimum</u> 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 existing or proposed Licensed Premises in which Marijuana and 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, state the name and address of the alarm company and attach a copy of the 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.   |     |    |     |
| Attach a revised Operational Plan, labeled "Operational Plan", noting any material change in or deviation from the plan last approved. Demonstrate how the business and the existing or 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 the Colorado State Statutes and Rules, and 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 existing or proposed Licensed Premises where cultivation operations are located will be equipped with a ventilation system and carbon filters sufficient in type and capacity to eliminate marijuana odors discernable by a reasonable person, and prevent such odors from emanating from the interior to the exterior of the building in which the existing or proposed Licensed Premises are located, including any Town property or public rights of way                                |     |    |     |
| E   | Hours of operation   |     |    |     |
| F   | 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 the Colorado State Statutes and Rules, and the Telluride Municipal Code   |     |    |     |

**XII. AFFIRMATION**

|  |   |
|--|---|
| <b>Initial</b>   |   |
|  | I understand that the employees of a Marijuana Facility, 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 a Marijuana Facility. I hereby release the Town of Telluride, Colorado, its employees, and its elected and appointed officials from any and all liability in connection with the approval and operation of a Marijuana Facility. |
|  | 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 owns any percentage of the 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 Licensing Authority.  |
| I agree to report the following to the Authority, in writing, within <b>ten (10)</b> 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 (8 pts or more) including but not limited to any deferred judgment or entry into any diversion program ordered or supervised by a court of law  |
|  | The hiring, dismissal, or resignation of <u>any</u> Employee  |

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF COLORADO            )  
  ) ss.  
COUNTY OF SAN MIGUEL        )

Subscribed, sworn to and acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: \_\_\_\_\_  
on behalf of \_\_\_\_\_.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public Signature

SEAL

## Town of Telluride Medical/Retail Marijuana Facilities

### Major Change Application Checklist

| REQUIRED FOR ALL CHANGES   |   |
|--|---|
|  | Complete, and notarized Town of Telluride Major Change Application  |
|  | Signed by officer – we will not accept applications signed by employees or managers   |
| FEES - Made Payable to Town of Telluride (x 2 for all Combined Use Facilities) |   |
|  | \$500 – Transfer of Location (Medical)<br>\$1000 – Transfer of Location (Retail)<br>Submit separate applications and payment for combined facilities.   |
|  | \$300 – Change of Principals or Ownership (x 2 for combined facilities)   |
|  | \$400 – Modification of Premises (x 2 for combined facilities)  |
| REQUIRED FOR CHANGE IN LOCATION/MODIFICATION OF PREMISES                       |   |
|  | Lease Agreement OR Deed – Copy of current lease or deed, <b><u>in the name of the business</u></b> , fully executed and signed. We will not accept a lease in an individual's name.                     |
|  | Written permission of property owner for modification of premises reflecting owner's consent  |
|  | Floor plan of facility, to scale, on 8.5 x 11 inch paper, identifying walls, fixtures, countertops, entrances, exits, safes, storage areas, location of cameras, DVR(s) and security rooms at a minimum |
|  | List of <b>all</b> employees  |
|  | Updated Security Plan   |
|  | Updated Operational Plan  |
|  | Copy of Security Monitoring Agreement with off-site monitoring company if applicable  |
|  | Copy of Certificate of Zoning Compliance from Town of Telluride Planning Department if applicable   |
|  | Prior to reopening, inspections on following page must be completed.  |
| REQUIRED FOR CHANGE IN PRINCIPALS OR OWNERSHIP                                 |   |
|  | Individual Histories not previously submitted for all new Owners, Principals, Partners or Registered Managers   |
|  | Supporting documentation reflecting changes in Principals or Owners   |
|  |   |
|  |   |



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**FOLLOWING INITIAL DETERMINATION BY THE LOCAL LICENSING AUTHORITY, APPLICANTS REQUESTING CHANGES IN LOCATION OR MODIFICATION OF PREMISES MUST MAKE ARRANGEMENTS FOR THE FOLLOWING INSPECTIONS:**

**TELLURIDE FIRE PROTECTION DISTRICT**

Written comments or a letter demonstrating compliance with the applicable adopted fire code provisions.

No objection to the Marijuana Facility as proposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant must comply with the code provisions listed in the attached report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOWN OF TELLURIDE PLANNING AND BUILDING DEPARTMENT**

Documentary proof of compliance with all applicable county building code standards, applicable Colorado Plumbing/Electrical Code standards, and ventilation system requirements.

No objection to the Marijuana Facility as proposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant must comply with the code standards listed in the attached report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TELLURIDE MARSHAL'S DEPARTMENT**

Written comments or a letter concerning the issuance of the license(s) for which the application has been made.

No objection to the Marijuana Facility as proposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application should be Denied. See attached written report of the results of the TMO investigation of the proposed licensee(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TELLURIDE PUBLIC WORKS DEPARTMENT**

Written comments or a letter concerning the issuance of the license(s) for which the application has been made.

No objection to the Marijuana Facility as proposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application should be Denied. See attached written report of the results of inspection of the proposed Licensed Premises.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_