



MEDICAL MARIJUANA TESTING FACILITY LICENSE APPLICATION CHECKLIST

A Zoning Verification Form must be approved by the City of Lafayette Director of Community Development before the application process begins.

Applicants must submit a completed Colorado Medical Marijuana Business License Application (DR 8530) along with required attachments to the City Clerk. Resident owners and/or key executives must submit a Colorado Associated Person & Associated Key Marijuana License Application (DR 8520). Owners and/or key executives who do not meet residency requirements at the time of application must submit a Colorado Marijuana Pre-Suitability Application (DR 8557).

The following supplemental information must be submitted with the State application forms. When local approval is obtained, the applicant must submit applications to the Colorado Marijuana Enforcement Division for review.

City of Lafayette Marijuana Business License Application Cover Sheet

Proof of possession of the premises (lease, lease assignment, deed)

Authorization to use Property for a Marijuana Business

Lawful Presence Affidavit (for sole proprietor)

Proof of worker's compensation insurance and public liability insurance in the minimum amounts of \$150,000 for any injury to one person in any single occurrence and \$600,000 for any injury to two or more persons in any such occurrence.

City of Lafayette Sales Tax and Use Tax License Application

Application Fee (\$3,000) and License Fee (\$2,000). Cashiers check or money order made out to City of Lafayette. If the application is denied, the License Fee will be returned

Operating Fee (\$3,000) due upon issuance of license and paid annually thereafter.

Background Investigation Fee (\$750/person) Application fee includes one background investigation

Mechanical ventilation plan, in accordance with Lafayette Municipal Code Section 56-237 (b)(5)

Floor plan, drawn to scale, according to Lafayette Municipal Code, Section 56-237(b)(2)(ii).

Description of products and/or services to be provided.

Plan for disposal of waste marijuana

Report from a State Certified Industrial Hygienist, according to Lafayette Municipal Code, Section 56-237 (b)(3)

A copy of the Medical Marijuana Testing Facility Certification issued by the MED, following on-site inspection by State Officials

Local background investigations will be conducted for each individual submitting an application

On-site inspections will be conducted by police, fire, building and public works officials.



ZONING VERIFICATION FORM MARIJUANA BUSINESS LICENSE APPLICATION

**YOU MUST OBTAIN AN APPROVED ZONING VERIFICATION FORM FOR THE PROPOSED LOCATION OF YOUR BUSINESS BEFORE PROCEEDING WITH THE APPLICATION PROCESS
A \$100 FEE MUST ACCOMPANY THIS FORM.**

PROPERTY

Street Address: _____ Lafayette, Colorado 80026
Lot Area (in Square Feet or Acres): _____ Existing Zoning: _____
Existing Use of Property: _____

PROPOSED USE

Trade Name of Establishment (d/b/a): _____
Description of proposed use: (include proposed use and summarize type of activity, as applicable):

PREMISES

Attach a site plan, indicating (1) the lot, (2) all existing and proposed buildings, and (3) distances from the building(s) to all property lines.
Attach a floor plan, drawn to scale indicating dimensions. Total square footage: _____

USE CATEGORY

- | | |
|---|--|
| <input type="checkbox"/> Retail Marijuana Cultivation | <input type="checkbox"/> Medical Marijuana Cultivation |
| <input type="checkbox"/> Retail Marijuana Store | <input type="checkbox"/> Medical Marijuana Center |
| <input type="checkbox"/> Retail Products Manufacturer | <input type="checkbox"/> Medical Marijuana Products Manufacturer |
| <input type="checkbox"/> Marijuana Testing Facility | |

CONTACT INFORMATION

Name of Owner or Contact Person: _____
Business Mailing Address: _____
(if different from physical address)

Business Phone: _____ Business Email: _____

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and I understand that there may be additional reviews required to complete the planning process.

Signature: _____ Date: _____

ZONING VERIFICATION FORM
MARIJUANA BUSINESS LICENSE APPLICATION
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MAP REQUIRED

Attach a street map that is drawn to scale. Indicate the proposed premise, at the center of a circle with a labeled 1,000-foot radius, such that the setback restrictions below may be verified by the Planning and Building Department.

STAFF USE ONLY

According to the map provided by the applicant, the proposed premise complies with the following setback restrictions:

- 500 feet from a commercially licensed day care facility
- 500 feet from an existing licensed medical marijuana center or retail marijuana store
- 1,000 feet from a public or private school
- 1,000 feet from a hospital
- 500 feet from Public Road, north of South Boulder Road
- 500 feet from a residential subdivision, residentially zoned property or property with residential as the principal use
- 500 feet from East Simpson Street east of Public Road to 500-501 East Simpson Street
- 500 feet from 120th and 119th Streets north of Emma Street to US Hwy 7
- 800 feet from US Hwy 287 and US Hwy 7

Zoning District: _____ Use Category: _____

Previous Reviews: _____

- Approved
- Denied

Reason for denial:

Further Discretionary Review Required: _____

Application reviewed by: _____ Date: _____



**MARIJUANA BUSINESS LICENSE
APPLICATION COVER SHEET**

Applicant _____

Trade Name (d/b/a) _____

Address of Licensed Premise _____

Mailing Address (if different) _____

Contact Person _____

Telephone _____ E-mail address _____

BUSINESS STRUCTURE

- Corporation
- Partnership
- Limited Liability Corporation
- Individual (Sole Proprietor)
- Association or Other _____

TYPE OF LICENSE

- Retail Marijuana Cultivation
- Retail Marijuana Store
- Retail Marijuana Products Manufacturer
- Testing Facility
- Medical Marijuana Cultivation
- Medical Marijuana Center
- Medical Marijuana Products Manufacture

TYPE OF APPLICATION

- New License
- License Renewal
- Change of Location
- Modification of Premises
- Change in Business Manager
- License Modification
- Change of Ownership
- Late License Renewal
- Pending Application Modification
- Change in Corporate Structure
- Change Corp. or Trade Name
- Change of Financier

FEES AND SUPPLEMENTAL INFORMATION

Fees must be submitted with application in the form of a cashiers check or money order. See attached Fee Schedule. Attach supplemental information according to instructions for type of application.

AFFIRMATION AND CONSENT

I affirm that I have reviewed this application and all associated documents and that the contents and statements made therein are true and correct to the best of my knowledge and belief. I understand that any misrepresentation or failure to disclose information requested or pertinent information may be deemed good cause to deny, withhold, or revoke a license. Furthermore, I understand that any misrepresentations or omissions may subject me to civil or criminal liability.

Applicant Signature

Date: _____

Registered Agent (if applicable)

Date: _____

MEDICAL AND RETAIL MARIJUANA LICENSING FEES

4/24/2018

| STORE (RETAIL) | | APPLICATION FEE / LICENSE FEE | |
|-------------------------------------|--|--------------------------------------|---------|
| New Application | | \$3,000 | \$2,000 |
| Transfer Ownership | | \$3,000 | \$2,000 |
| Renewal | | \$1,500 | \$2,000 |
| Operating Fee | | \$3,000 | |
| CENTER (MEDICAL) | | APPLICATION FEE / LICENSE FEE | |
| New Application | | \$3,000 | \$2,000 |
| Transfer Ownership | | \$3,000 | \$2,000 |
| Renewal | | \$1,500 | \$2,000 |
| Operating Fee | | \$3,000 | |
| CULTIVATION | | APPLICATION FEE / LICENSE FEE | |
| New Application | | \$3,000 | \$2,000 |
| Transfer Ownership | | \$3,000 | \$2,000 |
| Renewal | | \$1,500 | \$2,000 |
| Operating Fee | | \$3,000 | |
| PRODUCT MFG | | APPLICATION FEE / LICENSE FEE | |
| New Application | | \$3,000 | \$2,000 |
| Transfer Ownership | | \$3,000 | \$2,000 |
| Renewal | | \$1,500 | \$2,000 |
| Operating Fee | | \$3,000 | |
| TESTING FACILITY | | APPLICATION FEE / LICENSE FEE | |
| New Application | | \$3,000 | \$2,000 |
| Transfer Ownership | | \$3,000 | \$2,000 |
| Renewal | | \$1,500 | \$2,000 |
| Operating Fee | | \$3,000 | |
| ADMINISTRATIVE SERVICES FEES | | | |
| CONVERSION MMJ TO RMJ | | \$250 | |
| (established by the State) | | | |
| BACKGROUND | | \$750/per person | |
| INVESTIGATION | | | |
| CHANGE BUSINESS | | \$200 | |
| MANAGER | | | |
| PROCESSING FEE / SUPPORT | | \$100/person | |
| EMPLOYEE APPLICATION | | | |
| MODIFICATION OF | | \$500 | |
| PREMISES | | | |
| CHANGE OF | | \$2,000 | |
| LOCATION | | | |
| PENDING APPLICATION | | \$500 | |
| MODIFICATION | | | |
| LATE RENEWAL FEE | | \$750 | |

MEDICAL AND RETAIL MARIJUANA LICENSING FEES

4/24/2018

| | | |
|-----------------------------|--|--------------|
| LICENSE MODIFICATION | | \$500 |
| CHANGE OF CORPORATE | | \$200/person |
| STRUCTURE | | |
| CHANGE OF FINANCIER | | \$1,500 |
| ZONING VERIFICATION | | \$100 |
| DUPLICATE LICENSE | | \$50 |
| TEMPORARY PERMIT (TRANSFER) | | \$2,500 |
| CHANGE IN CLASS OF LICENSE | | \$200 |
| CHANGE OF TRADE NAME | | \$50 |
| LOTTERY APPLICATION | | \$100 |



**AUTHORIZATION TO USE PROPERTY
FOR A MARIJUANA BUSINESS**

Property Address: _____ Lafayette, CO 80026

Name of Lessee: _____

Lessee's Business Name: _____

As owner of the property described above, I hereby consent to the use of said property for the purpose(s) of conducting a marijuana business as follows, so long as said use is authorized under and in accordance with applicable state and local laws:

- Retail Marijuana Cultivation
- Retail Marijuana Store
- Retail Products Manufacturer
- Marijuana Testing Facility
- Medical Marijuana Center Cultivation
- Medical Marijuana Center
- Medical Marijuana Products Manufacturer

Term of Approval: _____ (examples: indefinitely; to coincide with term of lease; specific date to specific date; certain amount of time from issuance of license, etc.)

I understand that the lessee must operate the business on the property described above according to the provisions of Chapter 56 (as may be amended) of the Code of Ordinances of the City of Lafayette. I further understand that in issuing a marijuana business license, the City of Lafayette assumes no legal liability or duty of care regarding the licensee's business operation or possession of the property.

I hereby release the City, its officers, elected officials, employees, attorneys and agents from all liability for claims of damages of any kind whatsoever, present or future, in any way relating to or arising from the conduct of the lessee/licensee's business operation on said property.

Signature of Property Owner or Authorized Agent

Printed Name / Property Owner or Authorized Agent

Date

Company Name

State of Colorado
County of Boulder

Address

Telephone

Subscribed before me on this ____ day of _____, 20____, by: _____
Name of Signatory

Notary Public

[SEAL]

My Commission Expires: _____



LAWFUL PRESENCE AFFIDAVIT
FOR INDIVIDUALS (SOLE PROPRIETORS)
APPLYING FOR A MARIJUANA BUSINESS LICENSE

New License

Transfer License

I, _____, dba _____
swear or affirm under penalty of perjury under the laws of the State of Colorado that
(check one):

___ I am a United States citizen, or

___ I am a Permanent Resident of the United States, or

___ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8- 503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Form of ID Presented: _____

Valid Colorado Driver’s License, Colorado ID card, Military ID, Coast Guard Mariner, or Native American Tribal Documents are acceptable forms of identification

STATE OF COLORADO
COUNTY OF BOULDER

I, _____ Notary Public in and for said County and
State, do hereby certify that on this _____ day of _____, 20____,
_____ appeared before me in person and executed the
above instrument.

IN WITNESS THEREOF, I have hereunto set my hand and seal.

Notary Public

[SEAL]

My commission expires: _____

Finance Dept _____



APPLICATION FOR SALES AND USE TAX LICENSE

NO FEE REQUIRED

| |
|---|
| Owner's or Corporate Name |
| Name of Business (DBA) |
| Business Address (Street, City, State, Zip) |
| Mailing Address (Street, City, State, Zip) |
| Nature of Business (Type of sales/service) |
| Does your business acquire, possess, cultivate, manufacture, produce, use, sell, distribute, dispense, or transport marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partner ___% <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Explain) |
| Federal Employer Identification Number (FEIN) or Social Security Number (SSN) - Application will NOT be processed if missing |
| State of Colorado Sales Tax Account Number - Application will NOT be processed if missing |
| Filing Period <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">NOTE: If the monthly average for remittance is \$40 or greater, monthly filing is required. If less than \$40 per year or fewer than two sales transactions are expected, annual filing is desired.</div> |
| Will you be printing your own returns? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have software or a company who will be printing your returns, you would mark Yes, everyone else should mark No. By marking No, the City will mail you the returns for the year. Returns are not available on-line. |
| Date business will begin in Lafayette |
| If business was purchased, list name of former owner and business name (if name listed above is new) |
| Sales Tax Contact Name and Title |
| Sales Tax Contact Email Address |
| Business phone number |
| Business fax number |

I, DECLARE, UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND THE STATEMENTS MADE HEREIN ARE MADE IN GOOD FAITH PURSUANT TO THE CITY OF LAFAYETTE TAX LAWS AND REGULATION AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE, CORRECT, AND COMPLETE.

Printed Name _____ Title _____

Signature _____ Date _____

Please mail or fax the application to:

City of Lafayette - Sales Tax
PO Box 250
Lafayette, CO 80026

Fax (303) 604-4334
Phone (303) 665-5588