

TOWN OF MANCOS

APPLICATION DOCUMENTS

CHECKLIST & WORKSHEET

This check list should be utilized to assist applicants with filing all required documents. All documents must be properly signed and correspond with the name of the application exactly. All documents must be typed or legibly printed. Upon final Town approval, the application will be contacted. **All fees are non-refundable.**

1. APPLICANT INFORMATION

- A. Applicant/Licensee identified
- B. State sales tax license number
- C. Proof of Ownership or Legal Possession of the Premises
- D. Return originals to Town Clerk

2. BACKGROUND INFORMATION & FINANCIAL DOCUMENTS

- A. Individual History Record(s) – owner(s) and manager(s)

3. ADDITIONAL REQUIRED INFORMATION

- A. Special Use Permit, includes location diagram
- B. Copy of Sale Tax License
- C. Operating Plan
- D. Security Plan
- E. Copies of ALL information submitted to State
- F. Sign Permit Application
- G. Building Permit Application, if applicable

4. REQUIRED FEES

- A. Application Fees Current State Fees
- B. Special Use Permit \$325.00 – if applicable
- C. Sign Permit \$65.00

Official Use Only

| | | |
|--|---|----------|
| Application Received by Town Clerk | Date | Initials |
| Application & Fees Complete | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Application Reviewed by Town Administrator | Date | Initials |
| Application Reviewed by Town Marshal | Date | Initials |
| Application Reviewed by Bldg. Inspect. (if applicable) | Date | Initials |
| Application to Planning & Zoning | Date | |
| Public Hearing Set | Date | |
| Planning Commission Action (attach meeting minutes) | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Application to Board of Trustees | Date | |
| Board of Trustees Action (attach meeting minutes) | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Date Permits Issued | <input type="checkbox"/> Business Permit Exp. Date | |
| | <input type="checkbox"/> Special Use Permit | |
| | <input type="checkbox"/> Sign Permit | |

TOWN OF MANCOS MEDICAL MARIJUANA APPLICATION

| | | | | |
|--|--------------------------|-----------------------|---------------------|-----------------|
| Applicant is applying for a: <input type="checkbox"/> Medical Marijuana Center License <input type="checkbox"/> Medical Marijuana Optional Premises Cultivation License <input type="checkbox"/> Medical Marijuana Infused Products License <input type="checkbox"/> Medical Marijuana Testing Facility License | | | | |
| Applicant is applying as a: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ <input type="checkbox"/> Partnership (includes Limited Liability & Husband and Wife Partnerships) | | | | |
| Applicant if an LLC, name of LLC; if Partnership, all partner's names; if Corp, name of Corp | | | | |
| Trade Name of Establishment (DBA) | | | | |
| Address of Premises(exact location of premises) | | | | |
| City | | County | | State |
| | | | | Zip Code |
| Mailing Address | | | | |
| City | | County | | State |
| | | | | Zip Code |
| FEIN # | State Sales Tax # | Business Phone | Business Fax | Email |
| Emergency Contact Name | | | | |
| City | | County | | State |
| | | | | Zip Code |
| Cell Phone | | Fax Number | | Email |
| | | | | |

If the applicant is a corporation, partnership or limited liability company, applicant must list all officers, directors, general partners, managing members and stockholders.

| NAME | HOME ADDRESS, CITY & STATE | DOB | POSITION | % OWNED |
|------|----------------------------|-----|----------|---------|
| | | | | |
| | | | | |
| | | | | |

- Total ownership must equal 100%

Additional documents to be submitted by type of entity:

- Corporation** Cert. of Incorpor. Cert. of Good Standing (if more than 2 yrs old)
 Partnership Partnership Agreement Husband & Wife (no written agreement)
 LLC Articles of Organization Operating Agreement

OATH OF APPLICANT

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. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Town of Mancos and the State of Colorado which affect my license.

I understand that the employees of the proposed medical marijuana dispensary, myself included, may be subject to prosecution under federal law.

I understand that the Town of Mancos accepts no legal liability in connection with the approval and subsequent operation of the dispensary. I hereby release the Town of Mancos, it's employees, and elected or appointed

officials from any and all liability in connection to the approval and subsequent operation of the proposed dispensary.

Authorized Signature & Title

Date

INDIVIDUAL HISTORY RECORD

To be completed by each individual applicant; all general partners of a partnership; all officers and directors and stockholders of a corporation; all limited liability company managing members and officers; and all employees of a Medical Marijuana Dispensary.

All questions must be answered in their entirety or your application may be delayed or not processed. EVERY answer you give will be checked for truthfulness. **A deliberate falsehood or omission will jeopardize the application as such falsehood itself constitutes evidence regarding the character of the applicant.**

| | |
|---|---|
| Name of Business | |
| Your Full Name (last, first, middle) | List any other names you have used |
| Mailing Address | Home Telephone |

List all residence addresses below. Include current and previous addresses for the past five years.

| STREET & NUMBER | CITY, STATE, ZIP | FROM | TO |
|-----------------|------------------|------|----|
| | | | |
| | | | |
| | | | |

List all current and former employers or businesses engaged in within the last five years

| Name of Employer | Address (Street, City, State, Zip) | Position Held | From/To |
|------------------|------------------------------------|---------------|---------|
| | | | |
| | | | |

1. Have you ever applied for, held, or had an interest in a medical marijuana dispensary, or loaned money, furniture or fixtures, equipment or inventory to any other medical marijuana dispensary? If yes, answer in detail.

No Yes _____

2. Have you ever been denied an application for a medical marijuana dispensary license pursuant to any similar state or local license law, or had a license suspended or revoked? If yes, answer in detail.

No Yes _____

3. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending, including arrests for DUI and DWAI? If yes, answer in detail.

No Yes _____

4. Are you currently under probation (supervised or unsupervised), parole or completing the requirements of a deferred sentence? If yes, answer in detail.

No Yes _____

5. Have you ever had any STATE issued licenses suspended, revoked or denied, including a driver's license? If yes, answer in detail.

No Yes _____

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law, information provided below will be treated as CONFIDENTIAL. Town of Mancos medical marijuana dispensary licensing authorities require the following personal information in order to determine your suitability for licensure.

| | | | |
|---------------|------------------------|--|---|
| Date of Birth | Social Security Number | Place of Birth | US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Height | Weight | Hair Color | Eye Color |
| | | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Race |
| | | | Drivers Lic # & State |

Financial Information

- Total Purchase Price \$_____ (if buying an existing business) or investment being made by the applying entity, corporation, partnership, LLC \$_____.
- List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and/or fees paid \$_____
- Provide details of your investment. You must account for all cash (how acquired). Attach separate sheet if needed.

| Type: Cash, Services or Equipment | Source: Name of Bank, Acct. Type & Number | Amount |
|-----------------------------------|---|--------|
| | | |
| | | |
| | | |
| | | |

4. Loan Information (attach copies of all notes or loans)

| Name of Lender & Account # | Address | Term | Security | Amount |
|----------------------------|---------|------|----------|--------|
| | | | | |
| | | | | |
| | | | | |

5. Give name of bank where business account will be maintained: Account Name and Account Number, and the name or names of persons authorized to draw thereon.

OATH OF APPLICANT

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.

Authorized Signature Title Date