

City of Rifle Marijuana Business License Application

License Type	Application Type	Fee
<input type="checkbox"/> Medical Marijuana Center <input type="checkbox"/> Medical Marijuana Cultivation Operation <input type="checkbox"/> Retail Marijuana Cultivation Facility	<input type="checkbox"/> New License <input type="checkbox"/> License Renewal <input type="checkbox"/> Background investigation fee <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Corporate Structure <input type="checkbox"/> Facility modification/expansion fee	\$5000 \$5000 \$100 \$5000 \$5000 \$2500 \$2500
1. Applicant If an LLC, name of LLC; if partnership, at least 2 partners' names; if corporation, name of corporation		2. Federal Employer Identification Number
3. Trade Name of Establishment (DBA)	4. State Sales Tax Number	5. City Sales Tax Number .
6. Business Telephone	7. After Hours Telephone	8. E-mail Address .
9. Address of Premises (specify exact location of premises) Rifle CO 81650		
10. Mailing Address (number and street)	City	State ZIP Code
11. If the premises currently have a marijuana license, you MUST answer the following questions:		
Present Trade Name of Premises (DBA)	Present State License No.	Present Type of License
	Present City License No.	Present Expiration Date

12. For new license applications and renewal applications, provide the following information for each **business owner** (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) **and for each center/operation/manufacturer/facility manager**. By providing this information, applicant consents to and acknowledges that the City will conduct a background investigation of each owner or manager. Each person listed below must also attach an Individual History Record; City of Rifle Fingerprint, Background Check & Disclosure Notice; and Affidavit Concerning Criminal History. Attach additional sheet(s) if necessary.

Name, Home Address, City, State, ZIP Code, Telephone No.	Date of Birth	Social Security No.	Position	% Owned

13. Applicant's initials indicate acknowledgement that the City accepts no legal liability in connection with the approval and subsequent operation of the Medical Marijuana Center, Medical Marijuana Cultivation Operation, or Retail Marijuana Cultivation Facility.

14. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? Yes No

Ownership Lease Other (explain in detail)

If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:

Landlord	Tenant	Expires

If the applicant is not the owner of the premises, the owner of the premises must sign below authorizing the submission of this application.

By signing below, as owner of the property indicated in #9 above, I give permission for this application to be submitted and acknowledge this property may be used for a Medical Marijuana Center, Medical Marijuana Cultivation Operation, Medical Marijuana Infused Products Manufacturer, or Retail Marijuana Cultivation Facility.

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Owner's Printed Name Owner's Signature Date

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ . Witness my hand and official seal.

Seal

Notary Public's Signature

		Yes	No
Medical Marijuana Center applicants answer the following:			
(a)	Are the premises to be licensed within 1000 feet of a school, an alcohol or drug treatment facility, or a residential child care facility?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Are the premises to be licensed within the Central Business District?	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Are the premises to be licensed within the Community Service Business District?	<input type="checkbox"/>	<input type="checkbox"/>
(d)	If within the Community Service Business District, are the premises to be licensed within 500 feet of another Medical Marijuana Center?	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Are the premises to be licensed within the Tourist Commercial District?	<input type="checkbox"/>	<input type="checkbox"/>
(f)	If within the Tourist Commercial District, are the premises to be licensed within 500 feet of another Medical Marijuana Center?	<input type="checkbox"/>	<input type="checkbox"/>
Medical Marijuana Cultivation Operation applicants answer the following:			
(a)	Are the premises to be licensed within 1000 feet of a school, an alcohol or drug treatment facility, or a residential child care facility?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Are the premises to be licensed within the Light Industrial Zone District?	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Have you received a conditional use permit from the City pursuant to Rifle Municipal Code Section 16-3-80 to use the premises for a Retail Marijuana Cultivation Facility or a Medical Marijuana Cultivation Operation?	<input type="checkbox"/>	<input type="checkbox"/>
Retail Marijuana Cultivation Facility applicants answer the following:			
(a)	Are the premises to be licensed within the Light Industrial Zone District?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Are the premises to be licensed within the Industrial Zone District?	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Have you received a conditional use permit from the City pursuant to Rifle Municipal Code Section 16-3-80 to use the premises for a Retail Marijuana Cultivation Facility or a Medical Marijuana Cultivation Operation?	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION DOCUMENTS CHECKLIST

With an application for ANY TYPE OF MARIJUANA BUSINESS LICENSE, include this:

Diagram of the premises (form provided)

- No larger than 8 ½" x 11"
- Dimensions included (does not have to be to scale). Include walls, doorways, & exits.
- Separate diagram for each floor (if multiple levels)

With an application for a MEDICAL MARIJUANA CULTIVATION OPERATION BUSINESS LICENSE or a RETAIL MARIJUANA CULTIVATION FACILITY BUSINESS LICENSE, include these items:

- Electrical plan, certified by a Colorado licensed electrician, showing that the structure has an adequate electrical supply safely installed for the operation
- Ventilation & odor control measures plan to prevent odors from leaving the premises
- Irrigation & plumbing plan
- Chemical storage & disposal plan
- Mitigation plan for airborne fungi & related pests
- Waste, chemical & bioproduct storage and disposal plan

With an application for a MEDICAL MARIJUANA CENTER BUSINESS LICENSE or a MEDICAL MARIJUANA INFUSED PRODUCTS MANUFACTURER BUSINESS LICENSE, include this:

Written security plan that includes evidence of the following:

- Locking safe or secure vault permanently affixed to or built into the premises
- Security surveillance cameras with backup power
- Professionally monitored & maintained burglar alarm systems (permit required)

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 Rifle Municipal Code which affect my license. All owners and managers listed in item #17 have been fingerprinted.

Authorized Signature	Title	Date

FOR CITY OF RIFLE USE ONLY

	Application Fee (from page 1)	\$
	Background Checks _____ @\$100	\$
Date Application Filed	TOTAL AMOUNT DUE (payable to City of Rifle):	\$

The foregoing application has been examined by the City Manager. This application is:

- Approved with these conditions:
1. The City will not issue a license until after the State of Colorado has issued the Applicant a license to operate this marijuana business.
 2. Applicant must comply with all State of Colorado regulations that may be adopted by the State subsequent to the issuance of this license.
 3. Applicant must comply with any regulations adopted by the City of Rifle subsequent to the issuance of this license, which are adopted for the purpose of implementation of State of Colorado rules and regulations regarding marijuana.
 4. Other conditions:

Denied

Signature	Title	Date