

MARIJUANA BUSINESS LICENSE APPLICATION

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TOWNOFLYONS.COM

NEW LICENSE TRANSFER OF OWNERSHIP LICENSE RENEWAL
 RELOCATION ADD RECREATION TO EXISTING MEDICAL

Class Of License Sought: MARIJUANA CENTER CULTIVATION OPERATION
 MARIJUANA-INFUSED PRODUCTS MANUFACTURING
 TESTING, RESEARCH, AND DEVELOPMENT FACILITY

1. Applicant Name If an LLC, name of LLC; if partnership at least 2 partner's names; if corporation, name of corporation

2a. Name of Manager if applicable

Name of Owner

Fein Number

2. Trade Name of Establishment

State Sales Tax No.

Business Telephone

3. Address of Premises (specify exact location of premises)

City

County

State

ZIP Code

4. Mailing Address (Number and Street)

City or Town

State

ZIP Code

5. If the premises currently has an Medical Marijuana (MMJ) license, you MUST answer the following questions:

Trade Name of MMJ Establishment

Town MMJ License Number

Class of MMJ License

MMJ License Expiration Date

•ALL ANSWERS MUST BE PRINTED IN INK OR TYPEWRITTEN

•APPLICANT MUST CHECK THE APPROPRIATE BOX(ES)

•LICENSE FEE \$ _____

•APPLICATION FEE \$ _____

NONREFUNDABLE APPLICATION FEES

MJ OPERATING LICENSE FEES (a separate application is required for each license)

Application Fee for New License
\$1,000.00

Medical Marijuana
Center

\$ 3,000.00

Marijuana Center

\$3,000.00

Application Fee for Transfer
\$ 1,000.00

Testing Facility

\$ 3,000.00

Infused Products
Manufacturer*

\$3,000.00

Half of State Application fee (\$2500)

Dual License

\$3,000.00

Cultivation Operation

\$3,000.00

6. Has the Applicant knowingly made a false statement or knowingly given false information in connection with the application?

Yes

No

Not
Appli-
cable

7a. Is the (MMJ) Applicant prohibited by Section 12-43.3-307, C.R.S. from being a licensee?

7b. Is the (RMJ) Applicant prohibited by Section 12-43.4-306, C.R.S. from being a licensee?

8. Will the Applicant operate the Marijuana Business as a business prohibited by local or state law, statute, rule or regulation?

9. Has the Applicant had a Medical or Recreational Marijuana Business license or similar local or state license or approval revoked within the five (5) years before the date of the current application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
10. Is the proposed Marijuana Business a permitted use in the zone district in which the new site is located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the proposed new location in the Commercial Eastern Corridor Zone District or General Industrial?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the proposed new location at least 1,000 feet from a public or private school, an alcohol or drug treatment facility, the principal campus of a college, university or seminary, public library, licensed daycare or a licensed residential care facility or another marijuana business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the square footage of the proposed Retail Marijuana Store greater than 3,000 square feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the square footage of the proposed Retail Marijuana Cultivation Facility greater than 20,000 square feet? If the proposed facility is not a green house or will exceed 7,500 square feet, submit a feasibility study regarding the use of Town-owned utilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the square footage of the proposed Retail Marijuana Products Manufacturing facility greater than 7,500 square feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the Applicant currently hold a General Business License from the Town of Lyons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. If this is an application for renewal or transfer of an existing license, has the Applicant ceased operations for a period of 90 (ninety) days prior to seeking renewal or transfer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. HAS THE APPLICANT APPLIED FOR RELATED MARIJUANA BUSINESS FROM THE STATE OF COLORADO? DATE SUBMITTED: _____ DATE RECEIVED: _____ PLEASE PROVIDE TOWN STAFF WITH A COPY OF THE STATE LICENSE WHEN RECEIVED.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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 responsibility of my agents and employees to comply with the provisions of the Town of Lyons Marijuana Business Ordinances which affect my license.

Authorized Signature	Title	Date
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REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (LLA)

Date application filed with Local Authority	Date of local authority hearing
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THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS: That each individual required to be listed on the license application has:	Yes	No
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

The foregoing application has been examined; and the premises, business to be conducted and character of the applicant are satisfactory. We do report that such license, if granted, meets the approval criteria set forth in LMC 2-6 and in Sections 12-43.4-301, and 12-43.3-101et seq., C.R.S., also known as the Colorado Retail Marijuana Code and the Colorado Medical Marijuana Code.

THEREFORE THIS APPLICATION IS APPROVED BY THE TOWN OF LYONS LOCAL LICENSING AUTHORITY.

Signature	Title	Date
Signature (attest)	Title	Date

