

"APPLICANT" is defined as Legal Name of Individual or Business Entity that will hold license if approved.

| Checklist for Retail Marijuana Products- Manufacturing Facility License Application and Attachments Checklist   |
|---|
|   |
| ☐ Completed Retail Marijuana Products Manufacturing Facility License Application (Pages 2-3)  |
| ☐ Fees - Made payable to the City of Yuma   |
| If Applicant is a business entity:  |
| Corporate, LLC, or Partnership formation documents  |
| <ul><li>☐ Certificate of Good Standing issued by the Colorado Secretary of State Office (CDOS)</li><li>☐ Copy of the State Sales Tax License</li></ul>  |
| If Applicant is a sole proprietor:  |
| ☐ Affidavit of Lawful Presence (Attachment A)   |
| If Applicant is not a natural person:   |
| Provide copies of the organizational documents for all entities identified in the application, and the contact information for the person who is authorized to represent the entity/entities  |
| Background  |
| Photocopy of a form of identification for each person listed on application   |
| Consent to conduct a background investigation, includes criminal history check which include CCIC and NCIC - (Attachment B)   |
| ☐ Fingerprinting completed through one of the two companies that provide Colorado Applicant Background Services (CABS)  |
| ☐ Evidence of Rehabilitation or Court Documents for Dispositions (if applicable)  |
| Financial Information   |
| Bank statements for the account(s) that will be utilized to fund the business and tax records from the three years prior to the submission of   |
| the application for the applicant and all persons having a financial interest in the retail marijuana products manufacturing facility that is the subject of the application. If the applicant currently owns/operates a retail marijuana products manufacturing facility, Balance Sheets and |
| Financial Statements from the three years prior to submission as developed by a Certified Public Accountant may be submitted in place of bank   |
| statements.   |
| Explanation of funding sources used to finance the applicant's retail marijuana products manufacturing facility - (Attachment C)  |
| Lease or Deed   |
| ☐ Deed, signed by all parties, in proper Applicant legal name; or   |
| ☐ Lease, signed by all parties, in proper Applicant legal name; and   |
| ☐ Authorization to Use Property for a retail marijuana products manufacturing facility - (Attachment D)   |
| ☐ Assignment of Lease, properly executed by all parties. Must include original lease and all attachments and addenda (ifapplicable)   |
| ☐ Amendments to Lease, executed by all parties, with all attachments, in exact name of Applicant (if applicable)  |
| If premise location has been identified, please attach:   |
| ☐ Scaled map showing the location of the proposed establishment, in compliance with Sec. 5.13.100.  |
| Business Plan   |
| ☐ Completed Business Plan form - (Attachment E)   |
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|  | Fees  |                               |                           |
|--|---|-------------------------------|---------------------------|
| Application Fee = \$2,500  | ☐ Background Check Fee =                                | \$200 per person*             |                           |
| Operating Fee = \$1,000  |   |                               |                           |
| *Fee applies to the applicant and each person  | listed under the Applicant Ownership and Mana           | agement Structure section o   | of this form.             |
| реготранствення при                                  | Phase 1 Application Process Acknowledge                 |                               |                           |
| I understand that submission of an applicatio  | n and all associated fees is required for considera     | tion by the local licensing a | uthority on a first come, |
| first serve basis. I further understand that inc   | omplete or deficient applications will be rejected      | and not considered.           |                           |
| I have read and understood the above statem  | ent:  |                               |                           |
|  |   |                               |                           |
| Signature  |   | Date                          |                           |
|  |   |                               |                           |
|  | Applicant Business Information                          |                               |                           |
|  |   |                               |                           |
| Applicant is applying as (attach organization  | al documents):  |                               |                           |
|  | and Certificate of Good Standing or Statement o         | -                             |                           |
| Limited Liability Company (Articles of Org<br>filed with the Colorado Secretary of State | nanization, Operating Agreement, and Certificate (CDOS) | of Good Standing or Staten    | nent of Trade Name        |
| ☐ Individual (Verification of Lawful Presence  | e per State Law—signed affidavit and photo ID) -        | Attachment A                  |                           |
| Partnership (Partnership Agreement—no  |   |                               |                           |
| Association (Attach Copy of Agreements   | creating association or relationship between part       | ties)                         |                           |
|  |   |                               |                           |
|  | Applicant Contact Information                           |                               |                           |
| First Name   | Middle Name   | Last N                        | lame                      |
|  |   |                               |                           |
| none Number: DOB:  |   |                               |                           |
| Applicant Email:   |   |                               |                           |
|  | Trade Name (DBA)  |                               |                           |
|  |   |                               |                           |
| CO Sales Tax #:  |   | FEIN:                         |                           |
|  | Applicant Mailing Address                               |                               |                           |
| Charact /00 Down   |   | Charles                       | 7in Cada                  |
| Street/PO Box:   | City:   | State:                        | Zip Code:                 |
|  |   |                               |                           |

|   |  | •                  |                                |                 |
|---|--|--------------------|--------------------------------|-----------------|
|   | Applicant Ownership and Manag  | gement Structure   | 2                              |                 |
| The Applicant must provide the name and address of all OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MAN-AGERS, FINANCIERS, AND ALL OTHER INDIVIDUALS NAMED IN THE APPLICATION. In addition, applicant must list any STOCKHOLDERS, PARTNERS, MEMBERS, OR OTHER PERSONS with 10% or more financial interest in the entity.   |  |                    |                                |                 |
| PARTIVERS, INCINIDERS, OR C   | _  |                    | information is provided on a   | separate sheet. |
| Name  | Mailing Address, City, State, Zip  | Date of Birth      | Title                          | % Owned         |
|   |  |                    |                                |                 |
|   |  |                    |                                |                 |
|   |  |                    |                                |                 |
|   |  |                    |                                |                 |
|   |  |                    |                                |                 |
| On-Site Business Manager:   |  | Cell Number:       |                                |                 |
| Are any of the individuals or   | persons listed above under 21 years of age?  |                    |                                | ☐Yes ☐No        |
|   | nis application ever been convicted, entered a plea of sentence and judgment pertaining to any felony?   | nolo contendere, c | or entered a plea of guilty in | □Yes □No        |
| Has any person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgment pertaining to any charge related to use or possession, or use or possession with intent to distribute narcotics, drugs, or controlled substances?   |  |                    | □Yes □No                       |                 |
| conjunction with a deferred   | his application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in I sentence and judgment pertaining to any charge related to driving or operating a motor vehicle while hile impaired by alcohol or controlled substances? |                    |                                | ☐ Yes ☐ No      |
| If the answer to any of the previous three questions is yes, please provide a detailed written explanation. Check if attached.  |  |                    |                                |                 |
| Has any person named on this application ever had an application for a medical or retail marijuana license denied by any jurisdiction?  |  |                    | ☐Yes ☐No                       |                 |
| Has any person named on this application ever had a retail or medical marijuana license suspended or revoked by any jurisdiction?   |  |                    | Yes No                         |                 |
| Has any person named on this application ever had a liquor license denied, suspended, or revoked by any jurisdiction?   |  |                    | ☐ Yes ☐ No                     |                 |
| If the answer to any of the previous three questions is yes, please provide a detailed written explanation. Check if attached.  |  |                    |                                |                 |
|   | Business Premise Infor   | mation             |                                |                 |
| By what means will the Applicant obtain legal possession of the intended marijuana establishment premises by virtue of ownership, lease, or other arrangement?  Ownership/Deed - Provide copy of the Deed and proof that all property taxes have been paid and no liens exist.  Lease - Provide copy of the Lease (in the name of the applicant) and attach the Landlord's Consent Form, completed by the Owner of the property and notarized. The consent must be for the proposed medical or retail operations (Attachment D)  Premise has not been identified. |  |                    |                                |                 |
| Premise Address:  |  |                    |                                |                 |
| Landlord Name:  |  |                    |                                |                 |
| Landlord Mailing Address:   |  |                    |                                |                 |
| Lessee Name:  |  |                    | Expires:                       |                 |
|   | nce with all zoning requirements per Section 5.13.100 om the proposed establishment to any of the above li   |                    |                                | Yes No          |

Describe all other uses of this property:



#### **Affidavit of Lawful Presence**

| I,, swear or that (check one):   | affirm under penalty of pe                                    | rjury under the laws of the State                                       | of Colorado  |
|--|---|---|--|
| ☐ 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 provide proof that I am lawfully present in the United Statisticus, or fraudulent statement or representation in the second degree under Colorado Revised Statute 18-8-50 fraudulently received. | ates prior to receipt of thi<br>his sworn affidavit is punisl | is public benefit. I further acknow<br>hable under the criminal laws of | wledge that making a false, f Colorado as perjury in the |
| Signature  | Date  |   | -  |
| State of) )SS.   |   |   |  |
| County of)   |   |   |  |
| Subscribed and affirmed before me in the county of   |   | , State of  |  |
| , this   | day of  | 20  |  |
|  |   |   |  |
|  |   |   | -  |
|  | Notary  |   |  |
|  |   |   |  |
|  | Commission Expiration Da                                      | te  | -  |
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Attachment A Page 4



### **Investigation Consent to Conduct a Background**

|  | A   | Affirmation and Consent   |   |
|--|---|---|---|
| contacted by the City to pro<br>understand that by signing t<br>any information concerning<br>record files contain records<br>that resulted in a not guilty<br>sentence, even though I suc | onal background, using whatever ovide any and all such informations authorization, a criminal history me contained in any type of conference of arrests which may have resurted in the finding). I understand that the incessfully completed the conditions | rer legal means they deem appro<br>tion deemed necessary. I hereby we<br>tory check will be performed. I authoriminal history record files, wherewe<br>alted in a disposition other than a finformation may contain listings of<br>ons of said sentence and was disch | Yuma, (hereafter, the City) to conduct a complete priate. I hereby authorize any person or entity vaive any rights of confidentiality in this regard. I morize the City to obtain and use from any source, for located. I understand that the criminal history finding of guilt (i.e., dismissed charges, or charges that resulted in suspended imposition of marged pursuant to law. I authorize the release of enpublic" under the provisions of state or federal |
| complete and comprehensive mployees of the City shall rand agree to hold harmless, manner, other than a willful hearings, and hereby authorapplication, contained within                   | we investigation to determine on the held liable for the receipt and otherwise waive liability as ally unlawful disclosure or publicize the lawful use, disclosure, on any financial or personnel reco  | the accuracy of all information gat, use, or dissemination of inaccuration to the City, for any damages resultication, of any material or informator publication of this material or in   | ction. I understand that the City may conduct a athered. However, the City, and other agents or te information. I hereby release, waive, discharge, sing from any use, disclosure, or publication in any ation acquired during inquiries, investigations, or information. Any information contained within the or maintained by the City, shall be accessible to law ign country.   |
| Full Legal Name of Applicant   | (please print)  |   |   |
| First Name   | Middle Name   | Last Name   |   |
| Applicant Signature:   |   |   | Date:   |
| State of County of Subscribed and sworn before   | _) _)SS) e me thisday of  | , 20, by  |   |
| Notary Public  |   |   |   |
| My commission expires:   |   |   |   |
|  |   |   |   |

Attachment B Page 5



# **Explanation of Funding Sources**

| Describe, in detail, the source of funding that will be used to establish the marijuana business: |  |
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Attachment C Page 6



## Authorization to Use Property for a Retail Marijuana Products Manufacturing Facility

| Lessee/Property Information  |  |  |  |                       |
|--|--|--|--|-----------------------|
| Applicant/Lessee Name:   |  |  |  |                       |
| Property Address:  |  |  |  |                       |
|  |  |  |  |                       |
|  |  | Affirmation a  | and Consent  |                       |
| so long as said use is author<br>manufacturing facility. I ur<br>City of Yuma Municipal Co | orized under and in acc<br>nderstand that the less<br>ide. I further understar<br>n regard to any potentia | cordance with applicable see must operate the estand that operating a mariju | of said property for the purpose of conducting a marijuana establise state and local laws. This consent is valid for a retail marijuana patablishment on the property described above under the provision ijuana establishment does not provide any exception, defense, or erson may have for the distribution or possession of marijuana or | oroducts<br>ns of the |
| Property Owner or Author   | ized Agent Information   | n (please print)   |  |                       |
| First Name M   | 1iddle Name  | Last Name  | Phone Number   |                       |
| Property Owner or Author   | rized Agent Signature:_  |  | Date:  |                       |
| State of   | )  |  |  |                       |
| County of  | )SS.   |  |  |                       |
| Subscribed and sworn befo  | ore me this  | _day of  | , 20, by   | <b>-</b> ÷            |
| Notary Public  |  |  | _  |                       |
| My commission expires:   |  | _  |  |                       |

Attachment D

### **Business Plan Form**

| Business Plan   |
|---|
| Describe your experience operating a licensed marijuana establishment in Colorado.  |
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| Describe any education you have had regarding the rules and regulations involved in operating a marijuana business.                     |
| bescribe any education you have had regarding the rules and regarditons involved in operating a manifulnia business.                    |
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| Briefly describe your operating plan (staffing, security, employee training, consumer education, compliance with state and local laws). |
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Attachment E Page 8

| Business Plan, continued   |
|--|
| Briefly describe your business plan (scope of planning and capital improvements, estimate of revenue and expenses, ability to operate in a highly regulated industry). |
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| Describe how the business, applicant, managers, and principals will be involved in the community.  |
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| Do the Applicant/Manager(s) currently reside in the City of Yuma/Yuma County? If yes, length of residency. $\square$ Yes $\square$ No                                  |
|  |
|  |
| If no, do the Applicant/Manager(s) plan to relocate in City of Yuma/Yuma County?   Yes   No  |
|  |
|  |
|  |

Attachment E Page 9