

"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
- □ Certificate of Good Standing issued by the Colorado Secretary of State Office (CDOS)
- □ Copy of the State Sales Tax License

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

- $\hfill\square$ 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)
- D 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)

Tapas	City of Yuma
112	
-	Colorado
-	

"APPLICANT" is defined as Legal Name of Individual or Business Entity that will hold license if approved.				
Fees				
Application Fee = \$2,500	Background Check Fee = \$	200 per person*		
Operating Fee = \$1,000				
*Fee applies to the applicant and each person liste	ed under the Applicant Ownership and Mana	gement Structure section o	f this form.	
Pha	ase 1 Application Process Acknowledgm	ent		
I understand that submission of an application and first serve basis. I further understand that incompl			uthority on a first come,	
I have read and understood the above statement:				
Signature		Date		
	Applicant Business Information			
Applicant is applying as (attach organizational do	cuments):			
□ Corporation (Certificate of Incorporation and		-		
Limited Liability Company (Articles of Organiz filed with the Colorado Secretary of State (CD		of Good Standing or Statem	ent of Trade Name	
□ Individual (Verification of Lawful Presence per		Attachment A		
□ Partnership (Partnership Agreement—not nee	eded if husband and wife)			
Association (Attach Copy of Agreements creat	ting association or relationship between parti	es)		
Applicant Contact Information				
First Name	Middle Name	Last N	lame	
Phone Number:		DOB:		
Applicant Email:				
	Trade Name (DBA)			
CO Sales Tax #: FEIN:				
Applicant Mailing Address				
Street/PO Box:	City:	State:	Zip Code:	

APP		ΔΝΤ	ΝΔΙ	MF:
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Applicant Ownership and Management Structure				
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.				
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
	is 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?				
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 driving or operating a motor vehicle while under the influence of or while impaired by alcohol or controlled substances?				
If the answer to any of the p	revious three questions is yes, please provide a detail	ed written explana	tion. 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?				
Has any person named on this application ever had a retail or medical marijuana license suspended or revoked by any jurisdiction?				
Has any person named on this application ever had a liquor license denied, suspended, or revoked by any jurisdiction?				
If the answer to any of the previous three questions is yes, please provide a detailed written explanation. Check if attached.				
Business Premise Information				
other arrangement? Ownership/Deed - Prov Lease - Provide copy of	icant obtain legal possession of the intended marijuar nide copy of the Deed and proof that all property taxes the Lease (in the name of the applicant) and attach th . The consent must be for the proposed medical or re- dentified.	have been paid an he Landlord's Conse	nd no liens exist. ent Form, completed by the Ow	
Premise Address:				
Landlord Name:				
Landlord Mailing Address:				
Lessee Name:			Expires:	
Are the premises in compliance with all zoning requirements per Section 5.13.100 of the Yuma Municipal Code? (Attach a scaled map showing the distance from the proposed establishment to any of the above listed facilities, and email a digital copy of the map to k.wells@yumacolo.org) Describe all other uses of this property:				Yes 🗖 No



Affidavit of Lawful Presence

	r 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	l States, or
I am lawfully present in the United States	s pursuant to Federal law
provide proof that I am lawfully present in the United St fictitious, or fraudulent statement or representation in the	v because I have applied for a public benefit. I understand that state law requires me to tates prior to receipt of this public benefit. I further acknowledge that making a false, his sworn affidavit is punishable under the criminal laws of Colorado as perjury in the 03 and it shall constitute a separate criminal offense each time a public benefit is
Signature	 Date
State of))SS. County of)	
Subscribed and affirmed before me in the county of	, State of
, this	day of20
	Notary
	Commission Expiration Date



Full Legal Name of Applicant (please print)

Investigation Consent to Conduct a Background

Affirmation and Consent

I,__________, hereby authorize the City of Yuma, (hereafter, the City) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the City to provide any and all such information deemed necessary. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a criminal history check will be performed. I authorize the City to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The City reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the City may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the City, and other agents or employees of the City shall not be held liable for the receipt, use, or dissemination of inaccurate information. I hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the City, for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within the application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the City, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

First Name	Middle Name	Last Name	
Applicant Signature:		Date:	
State of))SS.		
County of)		
Subscribed and sworn b	efore me thisday of	, 20, by	
Notary Public			



320 South Main Street Yuma, CO 80759 970-848-3878

Explanation of Funding Sources

Describe, in detail, the source of funding that will be used to establish the marijuana business:



Authorization to Use Property for a Retail Marijuana Products Manufacturing Facility

		Lessee/Prope	erty Information	
Applicant/Lessee Name	:			
Property Address:				
			and Consent	
so long as said use is au manufacturing facility. I City of Yuma Municipal	thorized under and i understand that the Code. I further unde i in regard to any po	n accordance with applicable e lessee must operate the es rstand that operating a mari	e state and local la tablishment on the ijuana establishme	r the purpose of conducting a marijuana establishment ws. This consent is valid for a retail marijuana products e property described above under the provisions of the ent does not provide any exception, defense, or or the distribution or possession of marijuana on the
Property Owner or Auth	orized Agent Inform	ation (please print)		
First Name	Middle Name	Last Name		Phone Number
Property Owner or Auth	norized Agent Signat	ure:		Date:
State of County of	<i>j</i> 55.			
Subscribed and sworn b	efore me this	day of	, 20,	by
Notary Public				

My commission expires:	

Attachment D

Business Plan Form

Business Plan

Describe your experience operating a licensed marijuana establishment in Colorado.

Describe any education you have had regarding the rules and regulations involved in operating a marijuana business.

Briefly describe your operating plan (staffing, security, employee training, consumer education, compliance with state and local laws).

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). Describe how the business, applicant, managers, and principals will be involved in the community. Do the Applicant/Manager(s) currently reside in the City of Yuma/Yuma County? If yes, length of residency. 🗆 Yes 🗖 No

If no, do the Applicant/Manager(s) plan to relocate in City of Yuma/Yuma County? 🗌 Yes 🗌 No