

“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

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 (if applicable)

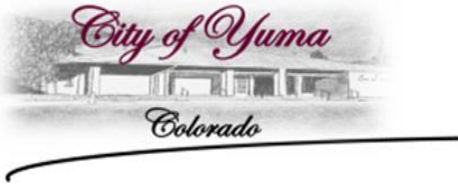
Amendments to Lease, executed by all parties, with all attachments, in exact name of Applicant (if applicable)

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)



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

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Fees	
<input type="checkbox"/> Application Fee = \$2,500	<input type="checkbox"/> Background Check Fee = \$200 per person*
<input type="checkbox"/> Operating Fee = \$1,000	

*Fee applies to the applicant and each person listed under the Applicant Ownership and Management Structure section of this form.

Phase 1 Application Process Acknowledgment	
<p>I understand that submission of an application and all associated fees is required for consideration by the local licensing authority on a first come, first serve basis. I further understand that incomplete or deficient applications will be rejected and not considered.</p> <p>I have read and understood the above statement:</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>

Applicant Business Information	
<p>Applicant is applying as (attach organizational documents):</p> <p><input type="checkbox"/> Corporation (<i>Certificate of Incorporation and Certificate of Good Standing or Statement of Trade Name filed with the CDOS</i>)</p> <p><input type="checkbox"/> Limited Liability Company (<i>Articles of Organization, Operating Agreement, and Certificate of Good Standing or Statement of Trade Name filed with the Colorado Secretary of State (CDOS)</i>)</p> <p><input type="checkbox"/> Individual (<i>Verification of Lawful Presence per State Law—signed affidavit and photo ID</i>) - Attachment A</p> <p><input type="checkbox"/> Partnership (<i>Partnership Agreement—not needed if husband and wife</i>)</p> <p><input type="checkbox"/> Association (<i>Attach Copy of Agreements creating association or relationship between parties</i>)</p>	

Applicant Contact Information			
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	
Phone Number:		DOB:	
Applicant Email:			
<i>Trade Name (DBA)</i>			
CO Sales Tax #:		FEIN:	
<i>Applicant Mailing Address</i>			
Street/PO Box:	City:	State:	Zip Code:

APPLICANT NAME: _____

Applicant Ownership and Management Structure

The Applicant must provide the name and address of all OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, 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.

Check if additional 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

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 felony? 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

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? 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 Information

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:* _____

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) Yes No

Describe all other uses of this property:



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Explanation of Funding Sources

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

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