



Park County Planning Department

1246 County Road 16
Fairplay, Colorado 80440
Phone: 719.836.4293

www.parkco.us

Office Hours: Monday - Thursday 7am to 6pm

Retail Marijuana Establishment License Application

Note: Failure to progress in construction and operation of a facility may result in denial of license renewal.

Type of License (check all that apply):

- Retail Marijuana Store
- Retail Marijuana Cultivation
- Retail Marijuana Testing Facility
- Retail Marijuana Products Mfg.
- Retail/Medical Marijuana Combined

Submitting the Application:

Follow the steps listed in this checklist and supply the requested information. Be sure to include:

- Copy of completed Colorado Marijuana License application or
- Copy of Current Colorado Marijuana License; and
- Application Fee of \$2900.00 PER LICENSE; or
- Annual Renewal Application Fee of \$700.00.

Enclosed Fee:	\$
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Make checks payable to Clerk and Recorder's Office.

Note: The Application Fee for a Retail /Medical Marijuana License is non-refundable.

Please review the Park County Retail Marijuana Licensing Regulations for complete information <http://parkco.us/ArchiveCenter/ViewFile/Item/1535>. Applicants should carefully read all local regulations prior to submission. Any local licenses issued under these regulations shall be valid for a period of one (1) year from the date of issuance. Applications for renewals shall be processed in the same manner as new licenses under these regulations.

Incomplete applications will be returned with general instructions as to which documents are required for completion. Failure to provide the documents deemed necessary by the Authority in sufficient detail to determine full compliance with State and Local Regulations shall be grounds for denial of the application.

1. Location Basics:

Address of Proposed Facility: _____

Tax Parcel Number: _____ **Zoning:** _____

The physical location(s) of the business must be located within the following zone districts: Commercial (C), Industrial (I), Agricultural (A), or Agricultural Small Lot (A35). Please confirm with the Park County Planning & Zoning Department the correct zoning of the proposed business location(s) prior to the submission of this application.

2. Applicant Information: Provide one of the following forms of identification: a) a state-issued driver’s license, state-issued identification card, United States military identification card, valid United States passport, or enrollment card issued by the government authority of a federally recognized tribe.

Applicant		
Mailing Address		Email Address
City		Phone Number
State	Zip Code	Fax Number

The applicant shall also provide the following information for all applicants, employees, managers, and persons having a ten percent or more financial interest in the marijuana establishment, or, if the applicant is an entity, having ten percent or more financial interest in the entity:

- Name, address, and date of birth.
- Complete set of fingerprints submitted to the Park County Sheriff’s Department.
- Acknowledgment and consent to a background investigation, including a criminal history check.

3. Business Information:

Legal Name of Business		Date of Business Establishment
Trade Name of Business (dba)		
Physical Address (specify all locations)		
Mailing Address		
City	State	Zip Code
Phone Number	Fax Number	Email Address

If the applicant is a business entity, provide the following information:

- Legal status of entity and proof of registration with, or certificate of good standing from, the Colorado Secretary of State.
- Evidence of a valid State sales tax or excise tax license for the business.

4. Property Owner(s) Information: Provide the name, address, and signature of the property owner(s). If there are multiple owners, please include this information for all owners. Use an additional sheet if necessary.

Property Owner(s)		
Owner's Address		Phone Number
City		Email Address
State	Zip Code	Fax Number
Signature of Property Owner(s)		Date

If the applicant is not the owner of the proposed licensed premises, provide the following information:

- Notarized statement from the owner of the property authorizing the use of the property for a retail marijuana establishment.
- Copy of any deed, lease, contract, or other document reflecting the right of the applicant to possess the proposed licensed premises along with conditions of occupancy of the premises.

5. Business Owner(s) Information: Provide the name, address, and signature of the business owner(s), or applicable LLC information. If there are multiple business operators, be sure to include information for all business owners. Use an additional sheet if necessary.

Business Owner(s)		
Business Owner Address		Phone Number
City		Email Address
State	Zip Code	Fax Number
Signature of Business Owner(s)		Date

6. Pre-Existing Business: If the application is for a pre-existing business, provide the date the business was established and submit evidence of establishment such as leases or sales tax receipts (as attachments).

7. Nearby Facilities: The applicant shall provide a **map and detailed list** showing the following uses that are located within 500 feet of the proposed licensed premises: all licensed child care facilities, educational institutions, halfway house or correctional facility, schools, colleges or universities (either public or private), public park, public pool, or recreational facilities (public or private) **AND a map and detailed list** showing all retail marijuana stores that are located within 1,000 feet of the proposed licensed premises. Use additional sheets if necessary.

Nearby Facilities within 500 feet
Nearby Facilities within 1,000 feet

8. Canvassing: Canvassing helps demonstrate the needs and desires of the neighborhood(s). Upon determination of the applicable neighborhood by the BOCC, applicant(s) must utilize a preapproved canvassing company to determine the needs and desires of the neighborhood.

9. Vehicle Trips: Provide the number of vehicle trips per day expected to be generated by the proposed business. Keep in mind that one vehicle produces two trips (arrival and departure).

Employees
Patrons

10. Water and Wastewater Information: Provide information detailing the expected source of water at the proposed business, level of water use, and wastewater discharge. This information must include both the business as well as the entire parcel and should be given in gallons/ day. **Wells cannot be used for marijuana cultivation unless the well permit states so specifically. Also see notes below.**

Expected Source of Water
Expected Level of Water Use (gal/day)
Expected Wastewater Discharge (gal/Day)
How many employees do you have on site?

Attach any additional permits or other applicable documentation related to well use, septic system use, and/or water sanitation.

Water Requirements for Plant Cultivation:

- If water will be provided by a community water system, please list the water system that will be used.
- If a new or existing well is to be used as the only source of water for the business, and the well is to be used for plant cultivation, participation in a court-approved augmentation plan will likely be required. Please list the source of augmentation for the well or provide a current valid well permit allowing for all the proposed business uses, including indoor plant cultivation.
- If water is to be hauled in, please list the source(s) from which the water will be hauled. In addition, monthly reports using a pre-approved accounting sheet must be provided to the District 23 Water Commissioner upon request. All receipts showing water purchases must be kept on file and made available to the District 23 Water Commissioner upon request.
- If drinking and sanitary water uses will be provided by a commercial-exempt well permit, and all other uses will be provided by hauling in water, then monthly reports using a pre-approved accounting sheet must be provided to the District 23 Water Commissioner upon request. The accounting sheet must list the monthly meter reading for the commercially-exempt well, along with all deliveries of hauled in water. The source of the hauled water must be provided, and all receipts for water purchases must be kept on file and provided to the District 23 Water Commissioner upon request.
- If another source of water not listed above is to be used, please list that source.

11. Access Information: Provide copies of any driveway permits, easements, and/or CDOT access permits as applicable.

12. Comprehensive Business Operation Plan: Please provide a business plan for the proposed establishment to address, at a minimum, the following components:

- a. A phasing plan outlining progress of construction and operations.
- b. A security plan (by narrative): meeting the requirements of Section 24 of this Ordinance, which shall include a general description of the security system(s) and confirmation that those systems will meet State requirements and be approved by the State prior to commencing operations.
- c. A description (by category) of all products to be sold.
- d. A health and sanitation plan demonstrating compliance with the Colorado Permanent Retail Marijuana Rules, 1 CCR 212-2.
- e. A signage plan and narrative that is in compliance with all applicable requirements of Ordinance No. 16-01 and other applicable provisions of the Park County Land Use Regulations.
- f. A plan for the disposal of marijuana and related byproducts meeting the requirements of Section 30 of Ordinance No. 16-01.
- g. An odor and fugitive light mitigation plan.

All security recordings shall be preserved for at least seventy-two (72) hours by the licensee and be made available to the Park County Sheriff's Office upon request for inspection.

13. Comprehensive Site Plans: Please include the following plans for the premises (attached drawings to be 11" x 17" in size):

- a. A plot plan of the parcel showing the location of all existing and proposed structures (including height, square footage), roads, streets, and easements, septic tank and leach field (if applicable), wetlands, watercourses, and overhead utility lines.
- b. A building layout showing how the floor space will be utilized. This includes all entry ways and exits, loading zones, and the dimensions and use of every room. Please include details as to what floor area will be devoted to manufacturing infused products, cultivation operations, and/or dispensing operations.
- c. A parking plan for the premises. This includes parking for the entire parcel if there are additional businesses located there.
- d. The nature and location of any proposed/existing lighting and signage. If proposing signage, please include information for the entire parcel. This may be accomplished with photos or diagrams and must include dimensions and elevations. Regulations on lighting and signage is available in Article V, Division 8, Section 5-800, Page 74 (signs) and Division 7, Section 709, Page 65 (lighting) of the Park County Land Use Regulations. Lighting and signage must comply with all applicable state laws.

Use the Checklist below as a Guide of Elements to Illustrate on your Site Plan:

- | | |
|--|---|
| <input type="checkbox"/> Name of Project | <input type="checkbox"/> Address of Proposed Location |
| <input type="checkbox"/> Size of Property (in acres) | <input type="checkbox"/> Lot Dimensions of Property |
| <input type="checkbox"/> Use of Land & Structures | <input type="checkbox"/> Preparation Date |
| <input type="checkbox"/> Standard Scale | <input type="checkbox"/> North Arrow |

Please Note:

A separate application and approval is required by the State of Colorado, and any license issued by the Park County Retail Marijuana Authority is contingent upon the appropriate State Licensure. The purpose of this application is to comply with the Park County Retail Marijuana Licensing/Operations Establishments Regulations – Ordinance No. 16-01.

Certification:

I certify that am signing this application form as the owner of record of the business included in this application. I certify that the information and exhibits I have submitted as part of this application are true and correct to the best of my knowledge. I certify and understand that this application gives the County the right of entry to inspect the parcel and all buildings on the parcel related to the retail marijuana business for compliance with zoning and building codes pursuant to this license application.

Print Name of Applicant	
Signature of Applicant	Date

This section reserved for use by County staff.

Staff Notes

Investigation Authorization - Authorization to Release Information

I, _____, hereby authorize the County of Park 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 County of Park to provide any and all such information deemed necessary by the County of Park. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the County of Park a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements, and any other documents relating to my personal or business financial records in whatever form and wherever located.

I understand that by signing this authorization a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the County of Park a complete and accurate record of any and all tax information or records relating to me. I authorize the County of Park to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal law.

I understand that by signing this authorization, a criminal history check will be performed. I authorize the County of Park 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 "non-public" under the provisions of state or federal laws.

The County of Park reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the County of Park may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the County of Park shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability to the County of Park 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 my application, contained within any financial or personnel record, or otherwise found, obtained, or

maintained by the County of Park, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

PRINT FULL LEGAL NAME:		
Applicant's Business Name:	Trade Name (DBA):	
First, Middle Initial, Last Name:		
Title or Position:		
Signature (must be signed in front of one witness):		
Witness Signature:		
Date (MM/DD/YY):	City:	State: