



Park County Planning Department

1246 County Road 16; PO Box 1598

Fairplay, Colorado 80440

Phone: 719.836.4293

www.parkco.us

Office Hours: Monday - Thursday 7 AM to 6 PM

Retail and Medical Marijuana Facility 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): New Application Renewal Change of Ownership

Retail

Store

MIP

Medical

Cultivation

Testing Facility

Enclosed Fee: Payment required at the time of application. Make checks payable to Clerk and Recorder. **Note: The Application Fee for a Marijuana License is non-refundable.**

Application Fee of \$2,900.00 PER LICENSE and Canvassing Deposit \$3,500.00

Annual Renewal Application Fee of \$700.00 per License

Renewal Late Fee of \$700.00 per License, if applicable

Submitting the Application: Please follow the steps listed herein and supply all requested information.

1. 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.

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 Name		
Date of Birth		
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, on a separate sheet of paper:

- Name, address, and date of birth.
- New Applicants: Fingerprint submittal to Park County Sheriff Department will be verified.
- Proof of Residence: Physical residence mailing. Acknowledgment and consent to a background investigation, including a criminal history check.

3. Location Basics:

Address of Facility: _____

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

The physical location(s) of the business must be located within a proper zone district. Please confirm with the Park County Planning & Zoning Department the correct zoning of the proposed business location(s) as well as the permitted uses within that zone district prior to the submission of this application.

4. 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).

5. **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 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.

6. **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

7. **Nearby Restricted 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/medical

marijuana stores that are located within 1,000 feet of the proposed licensed premises. Use additional sheets if necessary.

Nearby Restricted Facilities within 500 feet
Nearby Restricted 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, a canvass will be used 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. If the retail/medical marijuana establishment will be providing retail/medical marijuana products in edible form, evidence of at a minimum a pending application for any food establishment license or permit that may be required by the State.
- e. A health and sanitation plan demonstrating compliance with the Colorado Permanent Retail Marijuana Rules, 1 CCR 212-2 or Medical Marijuana Rules, 1 CCR 212-1.
- f. 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.
- g. Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the facility.
- h. A plan for the disposal of marijuana and related byproducts meeting the requirements of Section 30 of Ordinance No. 16-01.
- i. 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 Park County is contingent upon the appropriate State Licensure. The purpose of this application is to comply with the Park County Retail and Medical Marijuana Licensing/Operations Establishments Regulations – Ordinance No. 16-01, 17-01, and 16-03.

Please review the Park County Retail Marijuana Licensing Regulations for complete information <http://parkco.us/ArchiveCenter/ViewFile/Item/1535> and for Medical Marijuana Licensing Regulations <http://parkco.us/documentcenter/view/2893>. 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.

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.

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/medical 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