



CITY OF LAKEWOOD

MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION

Lakewood Civic Center

As part of the Medical Marijuana Business (MMB) license transfer application, the Colorado Department of Revenue requires any person holding an ownership interest in either a privately held company or publicly traded corporation, and/or officers and directors, regardless of ownership interest to give personal history information that will be used to conduct a background investigation.

Included are the following:

- Document Checklist
- Medical Marijuana Business License Application
- Medical Marijuana Business Distance Affidavit
- School Distance Requirement Affidavit
- Drawing showing the dimensions of the MMB
- Copy of State Application
- Lawful Presence Affidavit (individual/manager application)
- Release of Information (individual/manager application)

**ALL INFORMATION MUST BE TYPEWRITTEN OR HAND
PRINTED IN BLACK INK**

**PLEASE SUBMIT FORMS AND SUPPORTING DOCUMENTS IN
TRIPLICATE**

When the complete Medical Marijuana Business license application is received in the City Clerk's Office, individuals will be referred to the Lakewood Police Department for fingerprinting.

**FINGERPRINTING IS CONDUCTED ONLY DURING
SPECIFIED TIMES:**

Tuesday, 8:00 a.m. to 9:30 a.m.
Wednesday, 11:30 a.m. to 1:00 p.m.

CITY OF LAKEWOOD

**City Clerk's Office
Lakewood Civic Center
480 S. Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
TDD: 303-987-7057**

If you have any questions regarding this packet, please call the City Clerk's office at 303-987-7086.

**INSTRUCTIONS/PROCEDURES FOR COMPLETING A MEDICAL MARIJUANA
BUSINESS LICENSE APPLICATION**

Anyone seeking a Medical Marijuana Business License in the City of Lakewood must complete an application packet.

Applications are accepted by appointment only. Make an appointment with the Licensing Clerk by calling (303) 987-7086 to review the application. Allow approximately two hours for the scheduled meeting.

Applications will not be considered unless all questions are fully answered, if a question is not applicable, write "n/a". If the answer is none, write "none". All supporting documents must be submitted and correspond exactly with the name of the business entity. The required fees must be included with the application. Incomplete applications will not be accepted.

All documents must be fully executed showing required signature and dates.

**All forms are to be TYPEWRITTEN or HANDWRITTEN IN BLACK INK
and submitted in TRIPLICATE.**

FINGERPRINTING AND PHOTOGRAPHING

will be scheduled after application has been submitted to the City Clerk's Office.

Applicants will be referred to the Lakewood Police Department for fingerprinting and photographing only during specified times.

DOCUMENT CHECKLIST

I. APPLICATION

- A. Application form
- B. Release of Information Form
(Police Department may require each applicant to submit a copy of the applicant's criminal history from additional states as warranted)
- C. Medical Marijuana Business Distance Affidavit
- D. School Distance Affidavit
- E. Drawing/Diagram of the premises including the dimensions and total square footage
- F. Copy of your State Application

II. APPLICATION – MANAGER/INDIVIDUAL BACKGROUND INVESTIGATION (required for each investor regardless of percentage of ownership and all managers)

- A. Application form
- B. Current state driver's license or government issued photo identification card
- C. Lawful Presence Affidavit

III. OPTIONAL PREMISES CULTIVATION OPERATION (OPCO)

- A. A description of any cultivation activities including; where the plants are grown, the expected number of plants that will be grown on site and a description of the ventilation system
- B. Drawing/Diagram including the dimensions and square footage of the area the plants will be grown.

IV. PROOF OF POSSESSION OF PREMISES

- A. If applicant is not the owner of the location, provide a notarized statement from the owner authorizing the submission of the application
- B. Deed or lease (lease must cover one year minimum from issue date of license).
- C. Assignment of lease, if applicable
- D. Certificate of Zoning

V. FINANCIAL DOCUMENTS

- A. Current Financial Statements or Balance Sheet and Income account statement for the preceding twelve months prior to date of application
- B. Purchase agreement or stock transfer agreement
- C. Affidavit on source of funds invested (Applicant must draft)
- D. Photocopies of notes or loans (assumed, banks, etc.) dated and signed.

VI. CORPORATE DOCUMENTS (IF CORPORATION)

- A. Certificate of Incorporation or Certificate of Good Standing (if corporation is two years old) or Certificate of Authorization (if out-of-state corporation)**
- B. Articles of Incorporation (stamped by Secretary of State's Office)**
- C. List of current officers, directors and stockholders**
- D. Minutes/resolutions electing current officers, stockholders, and directors**
- E. Trade name certificate, if applicable**
- F. Annual corporate report (if corporation is two years old)**
- G. Stock Certificates (100%), copy front and back**

VII. LIMITED LIABILITY COMPANY

- A. Articles of Organization**
- B. Acknowledgment from Secretary of State's Office**
- C. Copy of operating agreement**
- D. Certificate of Authority (if foreign company)**
- E. Minutes of meetings reflecting acceptance of new members**
- F. List of each manager or member**
- G. Certificate of Good Standing (if company is two years old)**

VIII. PARTNERSHIP DOCUMENT

- A. Partnership agreement (general or limited) Not needed if husband and wife**
- B. Certificate of partnership**

IX. FEES

CITY OF LAKEWOOD FEES

MMC Application Fee (\$3,000.00)	\$ _____
\$1,000.00 if current owners have undergone a background check by the Lakewood Police Dept. within the last year	
\$2,000.00 for any additional ownership required to undergo a background investigation	
MMC License Fee (\$2,500.00)	\$ _____
OPCO License Fee (\$500.00)	\$ _____
OPCO Application Fee (\$500.00)	\$ _____
Transfer of Ownership (\$1,000.00)	\$ _____
Relocation Fee (\$2,000.00)	\$ _____
Manager Registration Fee (\$75.00)	\$ _____
Fingerprinting (\$39.50 per individual)	\$ _____
Total City Fees	\$ _____

**Please make checks payable to "City of Lakewood"
Visa/MasterCard accepted at front counter**

**CITY OF LAKEWOOD
MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION
New Application/Renewal**

This document provides basic information that is necessary for the licensing authority's investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.**

<input type="checkbox"/>	Medical Marijuana Center Application Fee	\$3,000.00
<input type="checkbox"/>	Medical Marijuana Center License Fee (Renewal)	\$2,500.00
<input type="checkbox"/>	Optional Premises Cultivation Operation Application Fee	\$500.00
<input type="checkbox"/>	Optional Premises Cultivation Operation License Fee	\$500.00
<input type="checkbox"/>	Transfer of Ownership Fee	\$1,000.00
<input type="checkbox"/>	Relocation Fee	\$2,000.00
<input type="checkbox"/>	Manager Registration Fee	\$75.00

Medical Marijuana Center Optional Premises Cultivation Operation Manager
 Transfer of Ownership Relocation

State Sales Tax ID: _____

City Sales Tax ID: _____

Previous Caregiver Facility License Number: _____

Have you applied with the State?

Yes No

If yes, please attach a copy of the State application.

Applicant is a: Sole Proprietorship Corporation
 Partnership Limited Liability Company

1. Name of Medical Marijuana Business: _____

2. Trade Name (dba): _____

3. Address of premises: _____
Street name City & State Zip Code

4. Business Phone: _____ Email: _____

5. Name of owner(s): _____

6. Name of manager: _____

7. Does an attorney represent you? If yes, provide name, address, and phone no.

8. SOLE PROPRIETORSHIP INFORMATION

If sole proprietorship, list name, address, and date of birth of proprietor:

9. PARTNERSHIP INFORMATION

List all partners who have a financial interest in this business.

Name	DOB	Complete Address (street name, city, state, and zip)	General or Limited	Percentage

10. CORPORATION INFORMATION

If corporation, list name and date of its incorporation:

If corporation, list names, addresses, and dates of birth of:

President

Vice-President

Treasurer

Secretary

Director

Director

List all stockholders who have a financial interest in this business.

Name	DOB	Complete Address (street name, city, state, and zip)	Percentage

11. Do you have a registered corporate agent? yes no

If yes, provide the following information: _____
Name

_____ City & State Zip Code

Street address

City & State

Zip Code

12. LIMITED LIABILITY INFORMATION

If limited liability company, list name and date of formation: _____

List all stockholders who have a financial interest in this business.

Name	DOB	Complete Address (street name, city, state, and zip)	Percentage

13. Do you have a registered corporate agent? yes no

If yes, provide the following information: _____
Name

Street address City & State Zip Code

FINANCIAL INFORMATION

14. Complete the following on all business loans obtained (Attach copies of loan agreements).

Source	Address (street name, city, state & zip)	Amount	Collateral

15. Complete the following on all business accounts for this business.

Bank	Bank Address (street name, city, state & zip)	Account Number	Authorized Signatories

16. State purchase price of business _____

PROPERTY INFORMATION

17. Is the building owned or leased? owned Leased

18. Name and **complete** address of building owner _____
Name

Street address City & State Zip Code

19. Is the land owned or leased? owned Leased

Name and **complete** address of landowner _____
Name

Street Address City & State Zip Code

20. If this is a renewal application, are you still in compliance with the Crime Prevention Through Environmental Design (CPTED) requirements?

Y N

I certify that the information contained in this Medical Marijuana Business License application and all attachments hereto is true and complete. I understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license. I consent to the release of all financial information relative to this application.

I understand that I have a continuing obligation to provide updated information on questions in applications submitted to the City. I further understand that I will need to be fingerprinted and photographed. Should an answer change, or new information become available, I will contact the City at 303-987-7080.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____



**DISTANCE REQUIREMENT
AFFIDAVIT**

State of Colorado

County of Jefferson

I, _____
do hereby state and affirm that there are no other Medical Marijuana Businesses within
a three-quarters of a mile radius of _____
located at _____.

Applicant's signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____.



**MEDICAL MARIJUANA BUSINESS
SCHOOL DISTANCE REQUIREMENT
AFFIDAVIT**

State of _____)
County of _____)

I, _____

do hereby state and affirm that there are no elementary, middle or high school,
or any athletic facilities associated with such schools, regardless of the
jurisdiction in which the school is located within 1000 feet of:

_____ located at
_____.

Applicant's Signature

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public

My commission expires: _____.