



CITY OF **ASPEN**

City of Aspen  
427 Rio Grande Place  
Aspen, CO 81611

## RETAIL/MEDICAL MARIJUANA LICENSE APPLICATION

New License Application

| Type of License:   | Operating Fee |
|--|---------------|
| Retail Marijuana Store   | \$2,000.00    |
| Retail Marijuana Cultivation Facility                                | \$2,000.00    |
| Retail Marijuana Products Manufacturer                               | \$2,000.00    |
| Retail Marijuana Testing Facility                                    | \$2,000.00    |
| — Medical Marijuana Center   | \$2,000.00    |
| — Optional Premise Cultivation License                               | \$2,000.00    |
| — Medical Marijuana Infused Products Manufacturers' License          | \$2,000.00    |
| Medical Marijuana Center Applying for Retail Marijuana Store License | \$2,000.00    |
| Transfer of Ownership  | \$ 700.00     |

**The operating fees are non-refundable and must be paid per license at time of submission of application.**

Applicant is applying as:

- Corporation Individual/Sole Proprietor
- Partnership Association or Other
- Limited Liability Corporation

Applicant

Trade name (DBA)

City Sales Tax No.  FEIN No.

State Sales Tax No.

Address of Premises

City  State  Zip

Mailing Address (if different than above)

City  State  Zip

Applicant Contact Person/Responsible Party

Telephone  Email

| Is the applicant currently licensed as a medical/retail marijuana establishment by the City or State?  |                                     | Yes   | No                 |   |
|--|-------------------------------------|---|--------------------|---|
| City of Aspen medical or retail marijuana license number(s)  |                                     | Expiration  |                    |   |
| State medical or retail marijuana license number(s)  |                                     | Expiration  |                    |   |
| If State license has not yet been granted, attach a copy of complete State application for Retail and/or Medical Marijuana license   |                                     |   |                    |   |
| Date filed for State Retail and/or Marijuana license   |                                     |   |                    |   |
| Date that operations began as a medical or retail marijuana establishment  |                                     |   |                    |   |
| Is the applicant proposing to surrender its medical marijuana license and entirely convert to retail operations?   |                                     | YES   | NO                 |   |
| *If yes, a retail marijuana license will only be issued upon surrender of the applicant's medical marijuana license.   |                                     |   |                    |   |
| * if no, and the Applicant is proposing to locate both retail and medical businesses on the same premise:  |                                     | A Sales for medical marijuana not limited- physical separation dividing wall between medical and retail operations.<br><br>B All sales limited to those 21 years of age or older.<br><br>No physical separation/dividing wall between medical and retail operation. |                    |   |
| If applicant is an Individual/Sole Proprietor, complete the following:   |                                     |   |                    |   |
| Home Address   |                                     |   |                    |   |
| Social Security Number   |                                     | Date of Birth   |                    |   |
| Driver's License Number  |                                     | Jurisdiction that issued Driver's License   |                    |   |
| If applicant is a corporation, partnership, association or limited liability corporation, applicant <b>must list</b> ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. In addition applicant <b>must list</b> all stockholders, partners, or members with 10% OR GREATER OWNERSHIP IN THE APPLICANT. If necessary provide additional information on a separate sheet. |                                     |   |                    |   |
| NAME   | HOME ADDRESS, CITY STATE & ZIP CODE | DOB   | POSITION           | % OWNED                                     |
|  |                                     |   |                    |   |
|  |                                     |   |                    |   |
|  |                                     |   |                    |   |
|  |                                     |   |                    |   |
|  |                                     |   |                    |   |
| Has the applicant or any partner, member, officer, director, or stockholder of the applicant ever been convicted of a felony in a federal, state, or other court?  |                                     | YES   | NO                 |   |
| If the answer is yes, please provide the following: (if necessary, provide additional information on a separate sheet)   |                                     |   |                    |   |
| Name and location of Court   | Charge Convicted of                 | Sentence  | Date of Sentencing | Last date of incarceration/parole/probation |
|  |                                     |   |                    |   |
|  |                                     |   |                    |   |
|  |                                     |   |                    |   |

|   |                         |                          |     |    |
|---|-------------------------|--------------------------|-----|----|
| Has the applicant been denied an application for a retail or medical marijuana by any jurisdiction?   |                         |                          | YES | NO |
| Has the applicant had a retail or medical marijuana license suspended or revoked by any jurisdiction?   |                         |                          | YES | NO |
| Does the Applicant have legal possession of the premises by virtue of ownership, lease or other arrangement?  |                         |                          |     |    |
| Ownership   | Lease                   | Other- explain in detail |     |    |
| If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:   |                         |                          |     |    |
| Landlord  | Tenant                  | Expires                  |     |    |
| <b>If premises are leased, attach written consent by the owner of the property to the licensing of the premises for a retail or medical marijuana establishment. The consent must be specific to retail and/or medical marijuana establishments.</b>  |                         |                          |     |    |
| Are the premises in compliance with all zoning requirements of the City of Aspen?   |                         |                          | Yes | No |
| For retail or medical marijuana stores, are the premises to be licensed within 500 feet of any school?  |                         |                          | Yes | No |
| Name of Manager for Licensed Premise (if more than one attach a separate sheet)   | Date of Birth           |                          |     |    |
| Social Security Number  | Driver's License Number |                          |     |    |
| Does the Applicant propose to have retail or medical sales of edible marijuana products on site?  |                         |                          | Yes | No |
| * If yes, describe the items to be sold: _____  |                         |                          |     |    |
| <b>Additional Documents to be Submitted</b>   |                         |                          |     |    |
| Lease or Deed (If Leased, must include written consent from property owner for retail marijuana operations)   |                         |                          |     |    |
| Current City of Aspen Business License  |                         |                          |     |    |
| Operating plan to include:  |                         |                          |     |    |
| A Description of products and services to be provided by the establishment, including an indication of whether the establishment proposes to engage in the retail sale of edible marijuana products.  |                         |                          |     |    |
| A Floor plan, drawn to scale on 8-1/2x11" paper, showing the layout of the establishment and the principle uses of the floor area including all restricted areas and the location of any operations and services proposed to occur on the licensed premises.  |                         |                          |     |    |
| Please include dimensions, security cameras, and separate pages for each floor level.   |                         |                          |     |    |
| A security plan indicating how the Applicant intends to comply with the requirements related to monitoring and securing the licensed premises as required by law.   |                         |                          |     |    |
| A description of alarm system including name of service provider.   |                         |                          |     |    |
| An area map, drawn to scale on 8-1/2x11" paper, indicating land uses of other properties within a 500 foot radius of the property upon which the applicant is seeking a license. The map must depict the proximity to any school.   |                         |                          |     |    |
| Individual History Form (DRL-8404-I) on <b>ALL</b> officers, directors and stockholders and LLC Members, and General Manager.   |                         |                          |     |    |
| A list of all employees.  |                         |                          |     |    |
| <b>Oath of Application</b>  |                         |                          |     |    |
| I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the City of Aspen Municipal Code and all Rules and Regulations which govern my Retail Marijuana Establishment and License Application. I understand that it is my continuing obligation to update any information on this application, including contact information, as necessary. |                         |                          |     |    |
| Authorized Signature  | Title                   | Date                     |     |    |