



Medical Marijuana Licensing Authority

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Intake Stamp

Medical Marijuana Center License Application Supplemental Materials Checklist

Please review the Boulder County Medical Marijuana Licensing Regulations for complete information.

Type of License: (check all that apply)

- Medical Marijuana Center License
- Optional Premises Cultivation License
- Medical Marijuana-Infused Products Manufacturing License

(A separate application is required for each business location.)

Submitting the Application

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

- Completed Colorado State Business License Form/DR 8530** - You will need to submit a completed and signed copy of Business License Form/DR 8530 (keep the original for your files).
- Application Fee of \$3500.00 (Renewal fee is \$2500.00)** - Make checks payable to the **Boulder County Treasurer**.

Enclosed Fee:	\$
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Note: The Application Fee for a Medical Marijuana Center License is non-refundable.

Business Information:

Legal Name of Business		
Location Address (specify all locations)		Email Address
City		Phone Number
State	Zip Code	Fax Number
Date of Business Establishment		Date of Business Commencement at this Location*

* Date of commencement of ownership or lease of Medical Marijuana Center space/location.

Property and Business Owner(s) Information:

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

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

2. Provide the name, address, and signatures of the business owners, and/or LLC information. If there are multiple business operators, be sure to include information for everyone. Use additional sheet if necessary.

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

3. Include a list of all other current and previous uses on the property. For instance, if the premises is located in a multi-tenant building, list the use (occupation) of each tenant on the parcel. Use additional sheet if necessary.

Current Uses	Previous Uses

Water and Wastewater Information:

4. Include information detailing the expected source of water, level of water use, and wastewater discharge. This information must include both the business as well as the entire parcel. This should be given in gallons/day.

Expected Source of Water
Expected Level of Water Use (gal/day)
Expected Wastewater Discharge (gal/day)
How many employees do you have on site?
If you have a septic system, are you registered with the EPA Class V underground injection control?

5. Include/attach permits or other applicable documentation related to well use, septic system use, and water sanitation.

Nearby Facilities:

- 6. Include a list of alcohol or drug treatment facilities, licensed child care facilities, and educational facilities (below college grade level) within 1000 feet as measured from closest point of the subject property lines.

Zoning:

- 7. If the premises is in a zone district other than Light Industrial (LI) or General Industrial (GI), include a list of medical marijuana centers within 500 feet.

Pre-Existing Business:

- 8. 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).

Vehicle Trips:

- 9. The number of vehicle trips per day expected to be generated by the business. If multi-tenant building, list vehicle trips for all businesses. (When calculating the number of trips generated, keep in mind that one vehicle produces two trips – one when arriving and one when leaving.)

Current Use	Vehicle Trips per Business per Day	Occupant/Business

Plans:

10. Please include the following plans for the premises: (Attached drawings should be 8.5 x 11 or 11 x 17 inches in size.)

- a. A site plan drawing of all buildings on the property where the premises is located.

Use the Checklist Below as a Guide of Elements to Illustrate on Your Site Plan:

- North Arrow
- Address
- Name of Project
- Standard scale
- Size of property in acres
- Dimensions of property
- Use of land and structures
- Preparation Date

- b. A floor plan showing how the floor space is or will be used. This includes the dimensions and use of every room. Please include detail as to what floor area will be devoted to manufacturing infused products, grow operations, and/or dispensing operations.
- c. A parking plan for the premises. This includes parking for the entire parcel.
- d. Total floor area of the building(s). If there is more than one building on the parcel, this includes the floor area of all buildings located on the parcel.
- e. The nature and location of any existing/proposed lighting and, if proposing signage, existing/proposed signage. If proposing signage, please include information for the entire parcel. This may be accomplished with photos or a diagram and must include dimensions and elevations. Please include information on existing/proposed exterior lighting for the building where the MMC use occurs. This can be accomplished by providing photos or a diagram. Information on lighting and signage is available in Articles 7-1600 and 13 of the Boulder County Land Use Code.

Please Note:

Application to Boulder County does not imply a determination that the requested use is in compliance with local zoning/land use regulations, or with other applicable County and State requirements, including but not limited to medical marijuana licensing mandates.

A separate application and approval is required by the State of Colorado, and any license issued by the Boulder County Medical Marijuana Authority is contingent upon the appropriate State licensure. The purpose for this application is to comply with the Boulder County Medical Marijuana Licensing Regulations.

It is the applicants' responsibility to research and identify any alcohol or drug treatment facilities, licensed child care facilities, and educational facilities (below college grade level) within 1000 feet of the property (measured from property line to property line) where the medical marijuana business is seeking to be licensed. Failure to identify any of the above may result in revocation of license.

The fee for all local Marijuana Center License applications is \$3500.00 The fee for renewals is \$2500.00. **All fees are nonrefundable.** Only one application or renewal fee shall be required per business, except that a business in multiple locations in unincorporated Boulder County must pay licensing and renewal fees for each location. The Board of County Commissioners has authority to set and amend fees.

The information provided in this application is **public record**.

Certification:

I certify that I am signing this Application Form as an 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 parcel related to the medical marijuana business for compliance with zoning and building codes pursuant to this license application.

Signature of Medical Marijuana Center Owner	Print Name	Date
Signature of Medical Marijuana Center Owner	Print Name	Date

This section reserved for use by County staff.

Staff Notes: Applicable zoning districts; parcel ID numbers; other relevant information