



THE CITY OF ASPEN

City of Aspen
130 S Galena St.
Aspen, CO 81611

RETAIL/MEDICAL MARIJUANA LICENSE APPLICATION

New License Application

Annual License Renewal

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
<input type="checkbox"/> Medical Marijuana Center	\$2,000.00
<input type="checkbox"/> Optional Premise Cultivation License	\$2,000.00
<input type="checkbox"/> 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:

- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual/Sole Proprietor |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Association or Other |
| <input type="checkbox"/> 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
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State medical or retail marijuana license number(s)	Expiration
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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:
(Please Check A or B)

A Sales for medical marijuana not limited- physical separation
dividing wall between medical and retail operations.

B All sales limited to those 21 years of age or older.
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
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Driver's License Number	Jurisdiction that issued Driver's License
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If applicant is a corporation, partnership, association or limited liability corporation, applicant **must list ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS.** In addition applicant **must list** all stockholders, partners, or members with ANY 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	
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.			
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: _____			
Additional Documents to be Submitted			
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 ALL officers, directors and stockholders and LLC Members, and General Manager.			
A list of all employees.			
Oath of Application			
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	