

## Regulated Cannabis Business License Renewal Application

*The renewal application, required documents, and fees are due in the City Clerk's Office at least 45 days before the license expiration date (GJMC 5.13.040(b)).*

### Fee Schedule

**All fees are non-refundable unless otherwise provided in City Ordinance No. 5064.**

Annual Renewal Application - \$2,500 (per license)

License - \$5,000 (per license)

### Required Document Checklist

**Submit the application and all documentation on single-sided, 8 ½ x 11" paper in the order below.**

List of All Owners, Partners, and/or Corporate Officers:

- Include names, titles, phone numbers, email addresses, and MED Badge/M#.

Copy of Lease or Deed

No Change in Lease or Deed

Copy of Alarm Contract

Copy of Security Plan

No Change in Security Plan

Copy of City Sales Tax License

Copy of State Sales Tax License

Certificate of Good Standing (Issued within the last six (6) months.)

Affidavit of Lawful Presence (sole proprietors only)

Updated Operating Plan:

No Change in Operating Plan

- A description of products and services provided or to be provided by the licensee, including retail sales of food products.
- A floor plan, drawn to scale, showing the layout of the licensed premises and the principal uses of the floor area, including a depiction of where any services, other than dispensing of cannabis, are proposed to occur.

Copy of Completed State Renewal Application with All Required Documents and Proof of Payment

Applicant Trade Name: \_\_\_\_\_

## License Type – Select all that apply

Retail Cannabis Store

Co-Located Retail/Medical Cannabis Store

Cannabis Product Manufacturer

Cannabis Infused-Product Manufacturer

Marijuana Testing Facility

## Applicant Information

***Print all information unless a signature is required.***

\_\_\_\_\_  
Legal Business Name

\_\_\_\_\_  
MED License Number(s)

\_\_\_\_\_  
Registered Trade Name (DBA)

\_\_\_\_\_  
License Expiration Date

\_\_\_\_\_  
Business/Physical Address (street/city/state/zip code)

\_\_\_\_\_  
Business Mailing Address (if different from business/physical address)

\_\_\_\_\_  
Business Website Address

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Business Email Address

## Contact Information

\_\_\_\_\_  
**Primary Business Contact – Name/Title**

\_\_\_\_\_  
MED Badge/M#

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
**Sales Tax Contact – Name/Title**

\_\_\_\_\_  
MED Badge/M#

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
**Local Emergency Contact – Name/Title**

\_\_\_\_\_  
MED Badge/M#

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Applicant Trade Name: \_\_\_\_\_

1. Does the applicant (legal business name) have legal possession of the premises for at least one (1) year from the date this license will be issued?

Own

Lease

Other (explain in detail): \_\_\_\_\_

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If leased, complete the following EXACTLY as listed in the lease.

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Expiration Date

2. Does this location conduct/plan to conduct retail food sales?

Yes

No

\_\_\_\_\_  
If yes, what items are/will be sold?

## Vendor List

**Attach additional page(s) as needed.**

1. \_\_\_\_\_  
Business Name Trade Name (DBA)

\_\_\_\_\_  
Mailing Address (street or POB/city/state/zip code)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Website

\_\_\_\_\_  
MED license number(s)

Applicant Trade Name: \_\_\_\_\_

2. \_\_\_\_\_  
Business Name Trade Name (DBA)

\_\_\_\_\_  
Mailing Address (street or POB/city/state/zip code)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Website

\_\_\_\_\_  
MED license number(s)

3. \_\_\_\_\_  
Business Name Trade Name (DBA)

\_\_\_\_\_  
Mailing Address (street or POB/city/state/zip code)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Website

\_\_\_\_\_  
MED license number(s)

4. \_\_\_\_\_  
Business Name Trade Name (DBA)

\_\_\_\_\_  
Mailing Address (street or POB/city/state/zip code)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Website

\_\_\_\_\_  
MED license number(s)

## Tax Authorization and Request to Release Information

I, \_\_\_\_\_ am signing this waiver on behalf of \_\_\_\_\_ (the “Applicant/Licensee”) to permit the City of Grand Junction (“City”) Sales Tax Division to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee’s application or licensure with the City, which requires proof of compliance with certain tax obligations pursuant to provisions of the Grand Junction Municipal Code and any other similar law or ordinance concerning the confidentiality of tax information. This waiver shall be valid while the application is pending and, if the application is approved, for one year from the date of licensure. If the license is administratively continued, this waiver shall be valid until the Cannabis Licensing Authority (“CLA”) takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the City Sales Tax Division release the following information and supporting documentation to the CLA, which is acting as Applicant’s/Licensee’s duly authorized representative, solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file any local tax with the City by the required due date (determined with regard to any extension(s) of time for filing) for any tax period for which filing might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the City Sales Tax Division gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into a payment plan with the City Sales Tax Division and whether the Applicant/Licensee is current on any payments required by said payment plan.

Applicant/Licensee authorizes the City Sales Tax Division to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the CLA and its legal representatives to use the information and documentation obtained from the City Sales Tax Division in any administrative action regarding the application or license. To assist the City Sales Tax Division locate the tax records, Applicant/Licensee is voluntarily providing the following information.

\_\_\_\_\_  
Applicant/Licensee Name (legal first, middle, and last)

\_\_\_\_\_  
City Sales Tax Number

\_\_\_\_\_  
Address (street or POB/city/state/zip code)

\_\_\_\_\_  
Personal Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant Trade Name: \_\_\_\_\_

## Oath of Applicant - Licensee's Affirmation Regarding Knowledge of the State of Colorado's Marijuana Codes and Regulations and the City of Grand Junction's Municipal Code and Local Regulations Governing Regulated Cannabis Businesses

***This is required for each CBO with 10% or greater financial interest and/or Executive Officers, managers, and any other individual who controls the RMB.***

The Cannabis Licensing Authority, as the enforcement agency for the City of Grand Junction, requires a Regulated Cannabis Business licensee to be knowledgeable of the State of Colorado's and the City of Grand Junction's Regulated Cannabis Business laws, codes, regulations, and ordinances and to seek further clarification of such information if necessary.

I, \_\_\_\_\_, hereby affirm under oath I have read Article 10 of Title 44, CRS, as amended, and the regulations promulgated thereunder, and the City of Grand Junction Municipal Code regarding general business licensing and Regulated Cannabis Business Licensing and understand the contents thereof.

I, \_\_\_\_\_, hereby affirm under oath and under penalty of perjury, that I have examined this application and all required documents, including the State of Colorado application on which the City of Grand Junction ("City") will rely; that the statements made within are made in good faith and, to the best of my knowledge and belief, are true, correct and complete. I also affirm under oath that there have been no changes to any information as required by the Colorado Marijuana or Grand Junction codes that have not been disclosed since the license was issued, no pending criminal charges or convictions since the license was issued, and no pending violations of the building, fire, health, or marijuana codes.

I voluntarily submit this application to the City under oath and with full knowledge that I may be charged with offering a false instrument for recording, according to CRS 18-5-114, perjury, according to CRS 18-8-501, et seq. or other crimes of deception for intentional omissions and misrepresentations. I understand that any error or omission may constitute grounds for the revocation or nonrenewal of any license issued.

I consent to any background investigation necessary to determine my present and continuing suitability according to state and City rules and regulations, and this consent continues as long as I hold a regulated cannabis business license.

\_\_\_\_\_  
Licensee Name/Ownership %

\_\_\_\_\_  
Title

\_\_\_\_\_  
Licensee Signature (owner, partner, or officer only)

\_\_\_\_\_  
Date

Applicant Trade Name: \_\_\_\_\_

State of Colorado

County of \_\_\_\_\_

Signed and sworn to [or affirmed] before me on \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_ (name of individual making statement).

\_\_\_\_\_  
Notary's official signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Commission Expiration