



**Town of Carbondale  
511 Colorado Avenue  
Carbondale, CO 81623**

**Medical Marijuana Facility Permit Application**

New Permit Application or Transfer of License Fee: \$1,000.00

On-site Associated Licenses: \$500.00

New Associated facility on-site/off-site Associated facilities: \$ 500.00

Renewal Application Fee w/All Onsite Facilities: \$500.00

Associated Offsite Facilities Renewal: \$250.00

Additional Employee/Change of Manager/Owner Fee: \$100.00

Modification of Premises Fee: \$100.00

License Fee: \$75.00

Other Associated Fees: \$250.00

Educational Fee New/Renewal: \$1,000.00

Please choose ONE:

- Center (Dispensary)
- Cultivation Premises       Infused Product Manufacturing       Modification of Premises
- Transfer       Renewal Permit       Other
- Additional Employee/Change of Manager/Owner       Associated Facility (Same Applicant)

Applicant is applying as a:

- Corporation       Individual       Limited Liability Company
- Other (Specify)
- Partnership (includes Limited Liability and Husband/Wife Partnerships)

Applicant Name:	Social Security Number:	DOB:
-----------------	-------------------------	------

Applicant's Address:	Applicant's Home or Cell Phone:
----------------------	---------------------------------

**List Previous Addresses for the Past Two Years**

Previous Address:	Date:	Previous Address:	Date:
-------------------	-------	-------------------	-------

Previous Address:	Date:	Previous Address:	Date:
-------------------	-------	-------------------	-------

Trade Name of Establishment (DBA):	Business Phone:
------------------------------------	-----------------

Address of Premises:	Town Sales Tax Number:
----------------------	------------------------

Mailing Address:

If the applicant is a naturalized citizen, when did he or she become a Resident of the State of Colorado?

If applicant is a corporation, list name and address of any officer or director of the corporation, and all persons of the issued and outstanding capital stock of any member that has an interest therein. If the applicant is partnership, association or company, list the name and address of any member that has an interest therein. If the applicant is a limited liability company, the name and address of the manager of the limited liability company and the name of all members of the LLC.

<u>Name:</u>	<u>Address:</u>
--------------	-----------------

<u>Name:</u>	<u>Address:</u>
--------------	-----------------

<u>Name of Manager or Proposed Manager:</u>	<u>Address of Manager or Proposed Manager:</u>
---	--

Is the applicant or associated partners (if a partnership); member or manager (if a limited liability company); officers, stockholders or directors (if a corporation); facility manager, or employees under the age of twenty-one?

**Yes**  **No**

Please provide the names and addresses of any employees or proposed employees of the medical marijuana facility. (Use an Additional Sheet of Paper if Needed.)

<u>Employee Name:</u>	<u>Employee Address:</u>
-----------------------	--------------------------

<u>Employee Name:</u>	<u>Employee Address:</u>
-----------------------	--------------------------

Has the applicant or associated partners (if a partnership); member or manager (if a limited liability company); officers, stockholders or directors (if a corporation); facility manager, or employees ever:

- Been denied a medical marijuana license of any kind? If so, explain:

---

- Had a license suspended or revoked? If so, explain:

---

- Been charged with any crime (felony, misdemeanor, petty offense, or traffic offense which carries 8 points or more within the last ten years. If so, describe the charge and disposition of the case:

---

Is the establishment within 1,000 ft. of a school?  **Yes**  **No**

- Required Attachments**
- Filing Fee
  - Lease which shall be valid for the duration of the term of the license or proof of ownership.
  - Area map drawn to scale depicting a 1,000 foot radius from the boundary of the facility property to the boundary of all school properties.
  - Description of the products and services to be made, sold, or grown by the facility.
  - Floor plan drawn to scale showing layout of the medical marijuana facility.
  - Copy of license(s) granted by any jurisdiction permitting the growth or sale of plants cultivated at the facility.
  - Letter from jurisdiction establishing permission for cultivation facility to operate that specific zone district.
  - Document outlining expected number of marijuana plants to be grown on site.
  - Description of the ventilation system, lighting system, storage system, and system for the control of marijuana odors for the premises.
  - Completed registration form and fingerprint card for all applicants or associated partners (if a partnership); members or managers (if a limited liability company); officers, stockholders or directors (if a corporation); facility managers, and employees.
  - Additional information including:
- 
-

**OATH OF APPLICANT**

***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 employee to comply with the provisions of the Town of Carbondale Ordinance No. 3 Series of 2011, which affects my license.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY**

**THE TOWN CLERK HERBY AFFIRMS THAT EACH PERSON REQUIRED HAS:**

- Been fingerprinted:  Yes  No
- Been subject to a background investigation:  Yes  No
- That the local authority as conducted, or intends to conduct, an inspection of the proposed premises to ensure that the application is in compliance with and aware of the Town of Carbondale's Medical Marijuana Licensing provisions:  Yes  No

**THIS APPLICATION HAS BEEN:**  Approved  Denied

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Planning and Zoning:** REVIEW AND COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION:**  **Approved**  **Denied**  
*Conditions Suggested:*  
\_\_\_\_\_  
\_\_\_\_\_

**Building Department:** REVIEW AND COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION:**  **Approved**  **Denied**  
*Conditions Suggested:*  
\_\_\_\_\_  
\_\_\_\_\_

**Town of Carbondale Police Department:** REVIEW AND COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION:**  **Approved**  **Denied**  
*Conditions Suggested:*  
\_\_\_\_\_  
\_\_\_\_\_

**Town Manager:** REVIEW AND COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION:**  **Approved**  **Denied**  
*Conditions Suggested:*  
\_\_\_\_\_  
\_\_\_\_\_