



**RETAIL MARIJUANA BUSINESS INFORMATION**

**8. SOLE PROPRIETORSHIP INFORMATION**

If a sole proprietorship, provide name, address, and birth date of proprietor:

\_\_\_\_\_

\_\_\_\_\_

**9. PARTNERSHIP INFORMATION**

If a partnership, identify all partners with a financial interest in this business (attach additional pages if necessary).

Full Name	DOB	Complete Address (street name, city, state, and zip)	General or Limited	%

**10. CORPORATION INFORMATION**

If a corporation, provide the following information:

Name and date of incorporation: \_\_\_\_\_

Names, addresses, and dates of birth of:

President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

Director(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify all stockholders (attach additional pages if necessary):

Full Name	DOB	Complete Address (street name, city, state, and zip)	%

Does the business have a registered agent?                      Yes                      No

If yes, provide the following information: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address    City & State    Zip Code

11. **LIMITED LIABILITY COMPANY (LLC) INFORMATION**

If limited liability company, provide name and date of formation: \_\_\_\_\_

\_\_\_\_\_

Identify all members with a financial interest in this business (attach additional pages if necessary).

Full Name	DOB	Complete Address (street name, city, state, and zip)	%

Does the business have a registered agent?                      Yes                      No

If yes, provide the following information: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address    City & State    Zip Code



**CERTIFICATION**

I hereby certify that the information contained in this Retail Marijuana License application and all attachments hereto is true and complete. I understand that any misrepresentation, falsification, or omission may result in the rejection of the application or suspension/revocation of my license. I consent to the release of all financial information relative to this application.

I acknowledge and agree that I have a continuing obligation to provide updated information on questions in applications submitted to the City. I understand that the City reserves the right to require additional information at any time. I further acknowledge and agree that I will be fingerprinted and photographed.

I further certify that should any response on this application change, or any new or additional information becomes available, I will provide that information by contacting the City of Lakewood as soon as possible at 303-987-7080.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing CERTIFICATION was signed before me this \_\_\_\_ day of \_\_\_\_\_, 202\_\_,  
by \_\_\_\_\_.

Witness my hand and official seal.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public