



CITY OF LAKEWOOD

MEDICAL MARIJUANA BUSINESS LICENSE TRANSFER APPLICATION

Lakewood Civic Center

As part of the Medical Marijuana Business (MMB) license transfer application, the Colorado Department of Revenue requires any person holding an ownership interest in either a privately held company or publicly traded corporation, and/or officers and directors, regardless of ownership interest to give personal history information that will be used to conduct a background investigation.

Included are the following:

- Document Checklist
- Medical Marijuana Business License Application
- Transfer Affidavit
- Medical Marijuana Business Distance Affidavit
- School Distance Requirement Affidavit
- Drawing showing the dimensions of the MMB
- Lawful Presence Affidavit (individual/manager application)
- Release of Information (individual/manager application)

CITY OF LAKEWOOD

**ALL INFORMATION MUST BE TYPEWRITTEN OR HAND
PRINTED IN BLACK INK**

**PLEASE SUBMIT FORMS AND SUPPORTING DOCUMENTS IN
TRIPPLICATE**

When the complete Medical Marijuana Business license application is received in the City Clerk's Office, individuals will be referred to the Lakewood Police Department for fingerprinting.

**FINGERPRINTING IS CONDUCTED ONLY DURING
SPECIFIED TIMES:**

Tuesday, 8:00 a.m. to 9:30 a.m.
Wednesday, 11:30 a.m. to 1:00 p.m.

**City Clerk's Office
Lakewood Civic Center
480 S. Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
TDD: 303-987-7057**

If you have any questions regarding this packet, please call the City Clerk's office at 303-987-7086.

INSTRUCTIONS/PROCEDURES FOR COMPLETING A MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION

Anyone seeking a Medical Marijuana Business License in the City of Lakewood must complete an application packet.

Applications are accepted by appointment only. Make an appointment with the Licensing Clerk by calling (303) 987-7086 to review the application. Allow approximately two hours for the scheduled meeting.

Applications will not be considered unless all questions are fully answered, if a question is not applicable, write “n/a”. If the answer is none, write “none”. All supporting documents must be submitted and correspond exactly with the name of the business entity. The required fees must be included with the application. Incomplete applications will not be accepted.

All documents must be fully executed showing required signature and dates.

**All forms are to be TYPEWRITTEN or HANDWRITTEN IN BLACK INK
and submitted in TRIPLICATE.**

**FINGERPRINTING AND PHOTOGRAPHING
will be scheduled after application has been submitted to the City Clerk’s Office.**

Applicants will be referred to the Lakewood Police Department for fingerprinting and photographing only during specified times.

DOCUMENT CHECKLIST

I. APPLICATION

- ☐ **A. Application form**
- ☐ **B. Release of Information Form**
(Police Department may require each applicant to submit a copy of the applicant's criminal history from additional states as warranted)
- ☐ **C. Medical Marijuana Business Distance Affidavit**
- ☐ **D. School Distance Affidavit**
- ☐ **E. Drawing showing the dimensions of the MMB**
- ☐ **F. Copy of your State Application**

II. APPLICATION – MANAGER/INDIVIDUAL BACKGROUND INVESTIGATION (required for each investor regardless of percentage of ownership and all managers)

- ☐ **A. Application form**
- ☐ **B. Current state driver's license or government issued photo identification card**
- ☐ **C. Lawful Presence Affidavit**

III. OPTIONAL PREMISES CULTIVATION OPERATION (OPCO)

- ☐ **A. A description of any cultivation activities including; where the plants are grown, the expected number of plants that will be grown on site and a description of the ventilation system**
- ☐ **B. Drawing/Diagram including the dimensions and square footage of the area the plants will be grown.**

IV. PROOF OF POSSESSION OF PREMISES

- ☐ **A. If applicant is not the owner of the location, provide a notarized statement from the owner authorizing the submission of the application**
- ☐ **B. Deed or lease (lease must cover one year minimum from issue date of license).**
- ☐ **C. Assignment of lease, if applicable**
- ☐ **D. Certificate of Zoning**

V. FINANCIAL DOCUMENTS

- ☐ **A. Current Financial Statements or Balance Sheet and Income account statement for the preceding twelve months prior to date of application**
- ☐ **B. Purchase agreement or stock transfer agreement**
- ☐ **C. Affidavit on source of funds invested (Applicant must draft)**
- ☐ **D. Photocopies of notes or loans (assumed, banks, etc.) dated and signed.**

VI. CORPORATE DOCUMENTS (IF CORPORATION)

- _____A. Certificate of Incorporation or Certificate of Good Standing (if corporation is two years old) or Certificate of Authorization (if out-of-state corporation)
- _____B. Articles of Incorporation (stamped by Secretary of State's Office)
- _____C. List of current officers, directors and stockholders
- _____D. Minutes/resolutions electing current officers, stockholders, and directors
- _____E. Trade name certificate, if applicable
- _____F. Annual corporate report (if corporation is two years old)
- _____G. Stock Certificates (100%), copy front and back

VII. LIMITED LIABILITY COMPANY

- _____A. Articles of Organization
- _____B. Acknowledgment from Secretary of State's Office
- _____C. Copy of operating agreement
- _____D. Certificate of Authority (if foreign company)
- _____E. Minutes of meetings reflecting acceptance of new members
- _____F. List of each manager or member
- _____G. Certificate of Good Standing (if company is two years old)

VIII. PARTNERSHIP DOCUMENT

- _____A. Partnership agreement (general or limited) Not needed if husband and wife
- _____B. Certificate of partnership

IX. FEES

CITY OF LAKEWOOD FEES

MMC Application Fee (\$3,000.00)	\$ _____
\$1,000.00 if current owners have undergone a background check by the Lakewood Police Dept. within the last year	
\$2,000.00 for any additional ownership required to undergo a background investigation	
MMC License Fee (\$2,500.00)	\$ _____
OPCO License Fee (\$500.00)	\$ _____
OPCO Application Fee (\$500.00)	\$ _____
Transfer of Ownership (\$1,000.00)	\$ _____
Relocation Fee (\$2,000.00)	\$ _____
Manager Registration Fee (\$75.00)	\$ _____
Fingerprinting (\$39.50 per individual)	\$ _____
 Total City Fees	 \$ _____

Please make checks payable to "City of Lakewood"
Visa/MasterCard accepted at front counter

CITY OF LAKEWOOD
MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION
New Application/Renewal

This document provides basic information that is necessary for the licensing authority's investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.**

<input type="checkbox"/>	Medical Marijuana Center Application Fee	\$3,000.00
<input type="checkbox"/>	Medical Marijuana Center License Fee (Renewal)	\$2,500.00
<input type="checkbox"/>	Optional Premises Cultivation Operation Application Fee	\$500.00
<input type="checkbox"/>	Optional Premises Cultivation Operation License Fee	\$500.00
<input type="checkbox"/>	Transfer of Ownership Fee	\$1,000.00
<input type="checkbox"/>	Relocation Fee	\$2,000.00
<input type="checkbox"/>	Manager Registration Fee	\$75.00

☐ Medical Marijuana Center ☐ Optional Premises Cultivation Operation ☐ Manager
☐ Transfer of Ownership ☐ Relocation

State Sales Tax ID: _____

City Sales Tax ID: _____

Previous Caregiver Facility License Number: _____

Have you applied with the State?

☐ Yes ☐ No

If yes, please attach a copy of the State application.

Applicant is a: ☐ Sole Proprietorship ☐ Corporation
☐ Partnership ☐ Limited Liability Company

1. Name of Medical Marijuana Business: _____

2. Trade Name (dba): _____

3. Address of premises: _____
Street name City & State Zip Code

4. Business Phone: _____ Email: _____

5. Name of owner(s): _____

6. Name of manager: _____

7. Does an attorney represent you? If yes, provide name, address, and phone no.

8. SOLE PROPRIETORSHIP INFORMATION

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

9. PARTNERSHIP INFORMATION

List all partners who have a financial interest in this business.

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

10. CORPORATION INFORMATION

If corporation, list name and date of its incorporation:

If corporation, list names, addresses, and dates of birth of:

President

Vice-President

Treasurer

Secretary

Director

Director

List all stockholders who have a financial interest in this business.

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

11. Do you have a registered corporate agent? ☐ yes

☐ no

If yes, provide the following information:

Name

Street address

City & State

Zip Code

12. LIMITED LIABILITY INFORMATION

If limited liability company, list name and date of formation:

List all stockholders who have a financial interest in this business.

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

13. Do you have a registered corporate agent? ☐ yes ☐ no

If yes, provide the following information: _____
Name

Street address City & State Zip Code

FINANCIAL INFORMATION

14. Complete the following on all business loans obtained (Attach copies of loan agreements).

Source	Address (street name, city, state & zip)	Amount	Collateral

15. Complete the following on all business accounts for this business.

Bank	Bank Address (street name, city, state & zip)	Account Number	Authorized Signatories

16. State purchase price of business _____

PROPERTY INFORMATION

17. Is the building owned or leased? ☐ owned ☐ Leased

18. Name and **complete** address of building owner _____
Name

Street address City & State Zip Code

19. Is the land owned or leased? ☐ owned ☐ Leased

Name and **complete** address of landowner _____
Name

Street Address City & State Zip Code

20. If this is a renewal application, are you still in compliance with the Crime Prevention Through Environmental Design (CPTED) requirements?

☐ Y ☐ N

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

I understand that I have a continuing obligation to provide updated information on questions in applications submitted to the City. I further understand that I will need to be fingerprinted and photographed. Should an answer change, or new information become available, I will contact the City at 303-987-7080.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

**CITY OF LAKEWOOD
MEDICAL MARIJUANA BUSINESS
AFFIDAVIT OF TRANSFER**

Licensee hereby authorizes the transfer of its Medical Marijuana Business to the Applicant, its agent, or a company, corporation, partnership or other business entity to be formed by the Applicant.

Dated this _____ day of _____, 2011.

Name of Medical Marijuana Business & License Number

Address

Business Phone

email

Seller(s):

Signature

Print Name

Signature

Print Name

Signature

Print Name

Buyer(s):

Signature

Print Name

Signature

Print Name

Signature

Print Name

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

Subscribed and sworn to before me this ____ day of _____, ____.

Notary Public

Expiration Date

(Notary
Seal)



DISTANCE REQUIREMENT AFFIDAVIT

State of Colorado

County of Jefferson

I, _____
do hereby state and affirm that there are no other Medical Marijuana Businesses within
a three-quarters of a mile radius of _____
located at _____.

Applicant's signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____.



**MEDICAL MARIJUANA BUSINESS
SCHOOL DISTANCE REQUIREMENT
AFFIDAVIT**

State of _____)
County of _____)

I, _____
do hereby state and affirm that there are no elementary, middle or high school,
or any athletic facilities associated with such schools, regardless of the
jurisdiction in which the school is located within 1000 feet of:

_____ located at
_____.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____.



**CITY OF LAKEWOOD REVENUE DIVISION
480 S. ALLISON PARKWAY
LAKEWOOD, CO 80226
303-987-7630**

REQUEST FOR CERTIFICATE OF TAXES DUE

Legal Business Name: _____ **Date:** _____

D. B. A.: _____

City of Lakewood Sales Tax License #: _____

Business Address: _____

Telephone Number: _____

TO BE COMPLETED BY PERSON REQUESTING INFORMATION

I hereby certify and represent that I am the _____ of the above named business and am an authorized person under 38-25.5-101(1) C.R.S., and thereby enabled to request this tax information.

*Note: If Sales, Use, or Accommodations tax information is requested, this form must be signed by an **OWNER OF THE BUSINESS** before we release to buyer. Any taxes being paid during the process of application for a liquor license must be by certified funds.

Transferor Information: Mailing Address: _____
(Seller) Home Address of Principal Officer: _____
Telephone Number: _____
Signature: _____
Printed Name and Title: _____

Transferee Information: Mailing Address: _____
(Buyer) Home Address of Principal Officer: _____
Telephone Number: _____
Signature: _____
Printed Name and Title: _____

Closing Information: Attorney for Transferor: _____
Attorney Address: _____
Telephone Number: _____
Attorney for Transferee: _____
Attorney Address: _____
Telephone Number: _____
Closing Date: _____
Agreed Purchase Price on Personal Property: _____

Buyer must remit Use Tax on the purchase of tangible personal property within (10) ten days of closing.

This form must be filled out completely for your request to be processed. Under normal circumstances your Certificate of Taxes Due will be ready within (2) two to (5) five business days. Please note that there is a \$10.00 processing fee for each specifically identified tax.

Fees Paid: _____ **Date of Payment:** _____ **Receipt #:** _____



Mail To: **City of Lakewood**
Department of Finance
480 South Allison Parkway
Lakewood Colorado 80226-3127

Application for Sales and Use Tax License

303-987-7630 PHONE
303-987-7057 TDD

www.lakewood.org

Type	PLEASE MARK WHICH LICENSE YOU ARE APPLYING FOR:				PLEASE COMPLETE THE APPLICATION IN FULL	
	<input type="checkbox"/> SALES TAX LICENSE (Retail) - \$15.00 fee		<input type="checkbox"/> USE TAX LICENSE (Service Only) - No fee			

Business Information	STATE OF COLORADO SALES TAX NUMBER (for all retail businesses):				FEDERAL IDENTIFICATION NUMBER (or Social Security Number - Confidential):			
	TAXPAYER NAME (Owner(s), Partner(s), or Corporation name):							
	TRADE NAME / DBA - Doing Business As:							
	PHYSICAL BUSINESS ADDRESS (No PO Box):				CITY:		STATE:	ZIP:
					CO			
	MAILING ADDRESS - If different than business address:				CITY:		STATE:	ZIP:
						CO		
LOCAL BUSINESS PHONE #:		CONTACT NAME:		CONTACT PHONE NUMBER:		EMAIL ADDRESS:		

Ownership Information	REGISTERED AGENT							
	NAME:							
	ADDRESS:		CITY:		STATE:	ZIP:	PHONE:	
					CO			
	COMPLETE THE FOLLOWING FOR ALL OWNERS/OFFICERS - IF MORE THAN TWO, ATTACH A SUPPLEMENTAL FORM							
	NAME:		TITLE:		DATE OF BIRTH (Confidential):		SOCIAL SECURITY NO. (Confidential):	
HOME ADDRESS (Confidential):		CITY:		STATE:	ZIP:	HOME PHONE:		
				CO				
NAME:		TITLE:		DATE OF BIRTH (Confidential):		SOCIAL SECURITY NO. (Confidential):		
HOME ADDRESS (Confidential):		CITY:		STATE:	ZIP:	HOME PHONE:		
				CO				
TYPE OF OWNERSHIP: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER								

General Information	IS THE BUSINESS IN A: <input type="checkbox"/> COMMERCIAL BUILDING (in Lakewood) <i>Complete page 2</i> <input type="checkbox"/> PRIVATE RESIDENCE (in Lakewood) <i>Complete page 3</i>								
	DO YOU RENT OR OWN YOUR BUILDING? <input type="checkbox"/> RENT <input type="checkbox"/> OWN				DATE BUSINESS STARTED / WILL START IN LAKEWOOD:				
	FILING FREQUENCY FOR RETAIL BUSINESSES: All retail business are initially assigned monthly filing status until one year of reporting history is established. Your filing frequency may then be adjusted as defined below. <input type="checkbox"/> MONTHLY - (\$300/month or more) <input type="checkbox"/> QUARTERLY - (\$300/month or less) <input type="checkbox"/> ANNUAL - (\$180/year or less) <input type="checkbox"/> SEASONAL - Start Mo. _____ End Mo. _____				FILING FREQUENCY FOR USE TAX BUSINESSES (Non Retail Only): <input type="checkbox"/> MONTHLY - (\$300/month or more) <input type="checkbox"/> QUARTERLY - (\$300/month or less) <input type="checkbox"/> ANNUAL - (\$180/year or less)		Check this box if your company creates its own returns and does not need the City to provide them <input type="checkbox"/>		
PLEASE PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF YOUR BUSINESS: FILING FREQUENCY FOR RETAIL BUSINESSES: All retail business are required to file									
NATURE OF BUSINESS (CHECK ALL THAT APPLY): <input type="checkbox"/> WHOLESALE <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SERVICE <input type="checkbox"/> RETAIL <input type="checkbox"/> OFFICE ONLY <input type="checkbox"/> MAIL ORDER <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> FINANCE/INSURANCE/REAL ESTATE <input type="checkbox"/> INTERNET								NAICS CODE (if known)	

Purchase	Former Owner's Name _____		Former Owner's License No _____		Prior to purchasing an existing business you may obtain a certificate of tax status from the Revenue Division for a nominal fee. This will ensure that you are not held liable for any outstanding taxes.	
	Name of Business _____		Date of Purchase ____/____/____			
Did the purchase price include fixed assets, machinery, or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$ _____						

Signature	I declare, under the penalty of perjury in the second degree, that this application has been examined by me (owner, officer or registered agent), that the statements made herein are made in good faith pursuant to Colorado tax laws and regulations, and to the best of my knowledge and belief, are true, correct, and complete.					
	SIGNATURE: _____		TITLE: _____		DATE: _____	

Office Use	<input type="checkbox"/> Monthly <input type="checkbox"/> Creekside		LICENSE NUMBER <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>		Input Date: _____	
	<input type="checkbox"/> Quarterly <input type="checkbox"/> Colorado Mills				Input by: _____	
	<input type="checkbox"/> Annual <input type="checkbox"/> Belmar				Check # : _____	
	<input type="checkbox"/> Seasonal				Zoning: _____	

AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7111. Mail or fax the completed form to the Lakewood Police Department Communications Center, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-763-6828.

Business Name _____

If Storefront sign is different, please indicate that name here _____

Exact Business Address (please include Unit #) _____

Gate Code (apts, storage facilities etc) _____

Is this business operating out of your home? ☐ Yes ☐ No

Local Business Phone # _____

Please check applicable #'s: ☐ Landline ☐ Cell ☐ VOIP

Type of Business (bank, tavern, etc) _____ Hours of Operation _____

Alarm Company _____ Phone _____

Alarm System (please check all that apply) ☐ Silent ☐ Holdup ☐ Audible

Please list personnel (who have keys) in the order in which they should be called if someone is needed to respond to an after-hours emergency. List after-hours **LOCAL** numbers, not daytime.

Name _____ Position _____

Home Address _____

Phone _____ Cell Phone _____ Pager _____

Name _____ Position _____

Home Address _____

Phone _____ Cell Phone _____ Pager _____

Name _____ Position _____

Home Address _____

Phone _____ Cell Phone _____ Pager _____

Please provide additional information to help protect your business in case of an after-hours emergency (for example: guard dogs, employees are onsite 24 hrs, hazardous materials stored on site) _____

Signature _____

Print Name _____

Date _____



City of Lakewood
Community Planning &
Development
Community Code Enforcement

Supplement for Home Occupations

Please be as specific as possible when filling out this supplemental information sheet. If more space is needed, please attach additional sheet(s). You may call Code Enforcement at the phone number below if you have any questions.

Business/Owner Name	Account No.
---------------------	-------------

1. What type of business is being conducted at the residence?

2. Does the business include any retail sales? If so, please explain in detail, how the retail aspect of the business is conducted (i.e. mail order, trade shows, etc.) Please keep in mind that retail sales are not allowed for a home occupation.

3. What is the total square footage of the residence? Where in the residence is the business conducted? (i.e. garage, basement, spare room etc.) How many square feet are utilized for the business?

4. How many employees are there (include yourself)? Please explain if employees are working from another location or the residence where the business is located.

5. Does the business require storage of any equipment/materials? If so where are these items stored?

6. Are any commercial vehicles used for the business? If so, how many, and where are they kept?