

**Boulder County Community Planning & Permitting** 2045 13th Street · Boulder, CO 80302

P.O. Box 471 · Boulder, CO 80306 Phone: 303-441-3930

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Website: www.bouldercounty.gov

Received Date (For Office Use):		
Staff Initials:		

## **Boulder County New Marijuana License Application**

☐ Fees – make checks payable to Boulder County Treasurer.

Please review the Boulder County Marijuana Licensing Regulations for more information regarding the

appli	cation pro	ocess. The information provided in th	nis applica	ation is public record.
Туре	of Licen	se (check all that apply):		
		Marijuana Store		Retail Marijuana Store
		Aarijuana Manufacturer		Retail Marijuana Products Manufacturing Facility
	Medical N	Aarijuana Cultivation		
	Medical N	Marijuana Testing Facility		Retail Marijuana Testing Facility
	Medical N	Marijuana Transporter		Retail Marijuana Transporter
	Off-Premi	ises Storage Permit		Marijuana Research and Development
Appl • •	Applica Annual	nd Operating Fees: tion Fee - \$2,500 (required for each lice Operating Fee - \$4,000 (required for 1st ory License Operating Fee - \$800 (for each	license or	
<u>Subn</u>	nitting a	n Application:		
	e include ore infori	_	mitting ar	n application. See New Application Checklist
	State A	pplication		
	0	For medical marijuana: Colorado Busir Please submit a completed copy of thi		cal Marijuana License Application form DR 8530. Boulder County.
	0		: Division f	larijuana License Application form DR 8548. Apply irst, and then the MED will forward the
	Sales Ta	ax License from Colorado Department o	f Revenue	
			-	c permits and Onsite Wastewater Treatment utility bill if connected to a local utility company.
	Site Pla	$\underline{\mathbf{n}}$ : Provide plans for the premises and a	site plan o	drawing of all buildings on the property.
	Floor P	lan: Provide a floor plan showing dimens	sions and	how the floor space is or will be used.
	<u>Parking</u>	<u>; Plan</u> : Provide a parking plan for the pro	perty, inc	luding parking for the entire parcel.
	<u>Lighting</u>	g and Signage: Describe the nature and I	ocation of	fany existing or proposed lighting and signage.
	consum Boulde Particip	r County Energy Impact Offset Fund (BC	s, a mariju EIOF). The s, requiren	ana facility may choose to pay fees to the owner of such facilities must sign a BCEIOF nents, and conditions. Please see Article 8.5(i) of

1. Business Information:	Totale Mana	
Business Name	Trade Name	
Physical Address of Business		
City	State	Zip Code
•		·
Mailing Address	<u> </u>	
City	State	Zip Code
Business Phone	Business Email	
Estimated Number of Staff		Total Square Footage
2. Business Owner(s) Information		
Include information for all owners. Use ac Business Owner Name	dditional sheet if necessary.	Phone Number
usiliess Owlief Name		Priorie Number
Owner Address		Email Address
City	State	Zip Code
Business Owner Name		Phone Number
Owner Address		Email Address
	T	
City	State	Zip Code
	<u> </u>	
3. Other Marijuana Businesses/		
If applicable, please provide information	for any marijuana business or estab	
usiness Name		Phone Number
rade Name	Email Address	l .
Physical Address		
211	Та	7:01
City	State	Zip Code

# 4. Property Owner(s) Information: Include information for all owners. Use additional sheet if necessary. Name Phone Number Mailing Address **Email Address** City State Zip Signature of Property Owner Print Name Date 5. Water & Wastewater Information: Include information detailing the expected source of water, level of water use, and wastewater discharge. Information must include the business as well as the entire parcel. **Expected Source of Water** Expected Level of Water Use (gal/day) Expected Wastewater Discharge (gal/day) If you have a septic system, are you registered with the EPA Class V underground injection control?

#### 6. Vehicle Trips:

The number of vehicle trips per day expected to be generated by the business. If a multi-tenant building, list vehicle trips for all businesses. When calculating the number of trips generated, keep in mind that one vehicle produces two trips – one when arriving and one when leaving.

Occupant/Business/Name	Current Use	Vehicle Trips per business per day

#### **Please Note:**

An application to Boulder County does not imply a determination that the requested use is compliance with Boulder County Land Use regulations or with other County and State requirements, including but not limited to marijuana licensing mandates.

The purpose for this application is to comply with the Boulder County Marijuana Licensing Regulations. A separate application and approval is required by the State and any license issued by the Boulder County Marijuana Licensing Authority is contingent upon the appropriate State licensure.

It is the applicants' responsibility to research and identify any alcohol or drug treatment facilities, licensed child care facilities, and educational facilities (below college grade level) within 1,000 feet of any marijuana center or store (measured from property line to property line) where the marijuana business/establishment is seeking to be licensed. Failure to identify any of the above may result in revocation of the license.

### Certification

I certify that I am signing this application as an owner of record of the business/establishment included in this application. I certify that the information and exhibits I have submitted as part of this application are true and correct to the best of my knowledge. I certify and understand that this application gives Boulder County the right of entry to inspect the parcel and all buildings on the parcel related to the marijuana business/establishment for compliance.

Signature of Business Owner	Print Name	Date
Signature of Business Owner	Print Name	Date

### **Boulder County Acknowledgement of Submittal**

Authority Signature	Date