



Boulder County Community Planning & Permitting
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Phone: 303-441-3930
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Website: www.bouldercounty.gov

Received Date: (For Office Use)

Staff Initials:

Boulder County Marijuana Off-Premises Storage Permit Application

Please review the Boulder County Marijuana Licensing Regulations for complete information. The information provided in this application is public record.

Submitting the Application:

Follow the steps listed in this application and supply the requested information. Be sure to include:

- ☐ Copy of local and state marijuana license to be associated with this permit
- ☐ Copy of local and state license application to be associated with this permit

Fees:

Make checks payable to the **Boulder County Treasurer.**

- ☐ Application Fee \$2,500
- ☐ Annual Operating Fee \$4,000

Business Information for Off-Premises Storage Permit

Business Name		Trade Name	
Physical Address of Business			
City		State	Zip Code
Mailing Address			
City		State	Zip Code
Business Phone		Business Email	
Estimated Number of Staff			Total Square Footage
Current License Type(s) and License Number(s) Associated with this Permit			

Property Owner(s) Information for Off-Premises Storage Permit

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

Business Owner(s) Information:

Include information for all owners. Use additional sheet if necessary.

Business Owner Name		Phone Number
Owner Address		Email Address
City	State	Zip Code

Business Owner Name		Phone Number
Owner Address		Email Address
City	State	Zip Code

Associated Business/Establishment Information:

If applicable, please provide information for any marijuana business or establishment associated with the applicant:

Business Name		Phone Number
Trade Name	Email Address	
Physical Address		
City	State	Zip Code

Local Licensing Authority Contact Information

If the applicant is not currently licensed in Boulder County, then provide contact information for local licensing authority.

Licensing Authority's Name		Phone Number
Mailing Address		Email Address
City	State	Zip Code

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

Required Attachments

Please include the following documents when submitting an application:

- ☐ Copy of State Application to Marijuana Enforcement Division
- ☐ Copies of Marijuana Licenses associated with the off-premises storage permit
- ☐ Sales Tax License from Colorado Department of Revenue
- ☐ Site Plan: Provide plans for the premises and a site plan drawing of all buildings on the property.
- ☐ Floor Plan: Provide a floor plan showing dimensions and how the floor space is or will be used.
- ☐ Parking Plan: Provide a parking plan for the property, including parking for the entire parcel.
- ☐ Lighting and Signage: Describe the nature and location of any existing or proposed lighting and signage.
- ☐ Fees – make checks payable to Boulder County Treasurer.

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

Local Jurisdiction Licensing Authority Authorization (if not currently licensed by Boulder County)

I certify that the licensee on this application has a valid licensed Marijuana Business/Establishment in my authority that is both in compliance with my local jurisdiction and the state Marijuana Enforcement Division.

Signature of Local Licensing Authority	Print Name	Date
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Boulder County Acknowledgement of Submittal

Authority Signature	Date
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