



Boulder County Marijuana & Liquor Licensing
 1325 Pearl Street · Boulder, CO 80302
 P.O. Box 471 · Boulder, CO 80306
 Phone: 303-441-3829
 Email: marijuanalicensing@bouldercounty.org
 Website: www.bouldercounty.org

Intake Stamp

Boulder County Marijuana License Renewal Application

Please review the Boulder County Marijuana Licensing Regulations for more information regarding renewal requirements. The information provided in this application is public record.

Type of License (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Medical Marijuana Center
<input type="checkbox"/> Medical Marijuana Infused Product Manufacturer
<input type="checkbox"/> Medical Marijuana Optional Premises Cultivation
<input type="checkbox"/> Medical Marijuana Testing Facility
<input type="checkbox"/> Medical Marijuana Transporter
<input type="checkbox"/> Off-Premises Storage Permit | <input type="checkbox"/> Retail Marijuana Store
<input type="checkbox"/> Retail Marijuana Products Manufacturing Facility
<input type="checkbox"/> Retail Marijuana Cultivation Facility
<input type="checkbox"/> Retail Marijuana Testing Facility
<input type="checkbox"/> Retail Marijuana Transporter
<input type="checkbox"/> Marijuana Research and Development |
|---|--|

Fees

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

Medical:

- | | |
|--|---------|
| <input type="checkbox"/> Renewal Fee | \$300 |
| <input type="checkbox"/> Operating Fee | \$4,000 |
| <input type="checkbox"/> Accessory License Operating Fee | \$250 |

Retail:

- | | |
|--|---------|
| <input type="checkbox"/> Renewal Fee | \$300 |
| <input type="checkbox"/> Operating Fee | \$4,000 |
| <input type="checkbox"/> Accessory License Operating Fee | \$250 |

Checklist of Required Documents

- Completed Boulder County Renewal Application
- Copy of State Marijuana License
- Copy of State Sales Tax License
- Current Floor Plan – include details to show how each area is being used
- Renewal Fees

Business Information:

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

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

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

Please Note:

An application to Boulder County does not imply a determination that the requested use is compliance with the Land Use Code or with other applicable County and State requirements, including but not limited to marijuana licensing mandates. 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. The purpose of this application is to comply with the Boulder County Marijuana Licensing Regulations.

Certification

I certify that I am signing this application form as an owner of record of the Licensed Marijuana Business 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 Licensed Marijuana Business for compliance.

Signature of Licensed Marijuana Business Owner	Print Name	Date
Signature of Licensed Marijuana Business Owner	Print Name	Date