



TOWN OF CRESTED BUTTE
INDIVIDUAL HISTORY REPORT
MARIJUANA ESTABLISHMENT

To be completed by each owner and manager of the marijuana establishment.

NOTICE: This individual history report provides basic information that is required for the Local Licensing Authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed.

Name of Business: _____

1. Your Full Name (Last, First, Middle): _____

2. List any other names you have used: _____

3. Mailing Address: _____

4. Physical Address: _____

5. Home Telephone: _____ Cellular Telephone: _____

6. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Include arrests for DUI and DWAI. ___ Yes ___ No

If yes, describe in detail: _____

7. Are you currently under probation (supervised or unsupervised), parole or completing the requirement of a deferred sentence? ___ Yes ___ No

If yes, describe in detail: _____

8. Have you ever had any STATE issued licenses suspended, revoked, or denied, including a drivers license? ___ Yes ___ NO

9. If yes, describe in detail: _____

9. Have you been fingerprinted by the Crested Butte Marshal's Department as required?
___ Yes ___ No

OATH OF APPLICANT: I declare under penalty of perjury that this application and all attachments are true, correct and complete to the best of my knowledge. My signature below grants express consent to the Town of Crested Butte to investigate and verify all information contained in this Individual History Report.

Authorized Signature

Date