



**TOWN OF CRESTED BUTTE  
APPLICATION FOR TRANSFER OF A MEDICAL AND/OR  
RETAIL MARIJUANA DISPENSARY PERMIT**

**1. Applicant is applying as a:**

- Individual
- Corporation
- Partnership (includes Limited Liability and Husband and Wife Partnerships)
- Limited Liability Company

**For a:**

- Medical Dispensary
- Retail Dispensary
- Medical and Retail Dispensary

**2. Present Trade Name of Establishment:** \_\_\_\_\_

**3. Present Name of Entity Holding the Permit:** \_\_\_\_\_

**4. Applicant Name** (If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation):  
\_\_\_\_\_

**5. Trade Name of Establishment (DBA):** \_\_\_\_\_

**6. Applicant Mailing Address:** \_\_\_\_\_

**7. Applicant Phone Number:** \_\_\_\_\_

**8. Applicant Email Address:** \_\_\_\_\_

**9. Premise Address** (specify exact location of premise): \_\_\_\_\_

10. FEIN (Federal Employer Identification Number): \_\_\_\_\_

11. List all persons/entities with any ownership interest and all officers and directors whether they have ownership interest or not. If an entity (corporation, partnership, LLC etc.) has interest list all persons associated with the entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interests. **ALL PERSONS** with an ownership interest must also attach an Individual History Report, be fingerprinted at the Crested Butte Marshal's Office, provide proof of Colorado residency and a signed affidavit stating how long they have been a resident of Colorado. *(Attach additional sheet(s) if necessary).*

Name	Home Address, City & State	DOB	Position	% Owned

12. **Attach the following (as applicable):**

\_\_\_\_\_ (a) Non-refundable application fee in the amount of \$1,000.00. Check made payable to the "Town of Crested Butte."

\_\_\_\_\_ (b) Physical Address of the Property: \_\_\_\_\_

\_\_\_\_\_ (c) Diagram of the premises of the marijuana dispensary. (on 8 1/2" x 11" paper, reflecting all ingress, egress, dimensions, walls and partitions).

\_\_\_\_\_ (d) Owner of the property of the marijuana facility.  
\_\_\_\_\_

- If applicant is the owner of the property attach deed of the property.
- If the applicant is not the owner of the property where the marijuana dispensary is located, a notarized statement from the owner of such property authorizing the submission of the application and acknowledgement that the property is being leased for the purpose of operating a marijuana dispensary must be attached hereto.

\_\_\_\_\_ (e) A complete set of applicants' fingerprints on file at the Crested Butte Marshal's

Office for all officers, directors, general partners, and managing members, in addition to any stockholders, partners or members with an ownership interest in the business.

- \_\_\_\_\_ (f) Individual History Report for all for all officers, directors, general partners, and managing members, in addition to any stockholders, partners or members with a an ownership interest in the business.
- \_\_\_\_\_ (g) Corporate Applicant Information: A Certificate of Incorporation or a Certificate of Good Standing if incorporated more than 2 years ago.
- \_\_\_\_\_ (h) Partnership Applicant Information: A Partnership Agreement (general or limited). Not needed if husband and wife partnership.
- \_\_\_\_\_ (i) Limited Liability Company Applicant Information: A copy of Articles of Organization (date stamped by the Colorado Secretary of State's Office), copy of Operating Agreement (if applicable).
- \_\_\_\_\_ (j) Tax Distraint Information: Does the applicant or any other person listed on this application and including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other person with a financial interest in the applicant currently have an outstanding tax distraint issued to them by the Colorado Department of Revenue?     YES     NO
  - If yes, provide an explanation and include copies of any payment agreements.
- \_\_\_\_\_ (l) A comprehensive business plan for the marijuana dispensary, which shall contain:
  - ✓ A security plan that reflects the proposed marijuana dispensary's compliance with Section 6-5-320 of the Code.
  - ✓ A description of the security provisions and systems.
  - ✓ A complete lighting plan that is in compliance with the applicable requirements for lighting in the Town Code.
  - ✓ A complete signage plan that is in compliance with the applicable requirements for signage in the Town Code, including, without limitation, Section 6-5-260.
  - ✓ A plan for disposal of unwanted marijuana, by-products and paraphernalia as required in Section 6-5-330 of the Town Code.
  - ✓ Hours of operation.
  - ✓ Number of employees.
  - ✓ Description of products to be sold.

\_\_\_\_\_(m) The Town Manager may also require the applicant to submit additional supporting documentation that he/she determines to be reasonably necessary in evaluating this application.

**By initialing each item below, applicant agrees to the following:**

A. Applicant shall have an ongoing obligation to keep this application and all associated submittals and supporting documents included herewith up to date and current during the term of the permit for the marijuana dispensary and any renewal thereof.  
applicant initials: \_\_\_\_\_

B. If this application is approved and a permit is issued for the transfer of a marijuana dispensary permit, the applicant must provide the Town Manager with proof of the following prior to the commencement of business:

- ✓ A Town of Crested Butte Business License.
- ✓ A Town of Crested Butte Sales Tax License.
- ✓ A State of Colorado Sales Tax License.
- ✓ A lease in the name of the applicant demonstrating possession of business premises if the property is not owned by applicant.

applicant initials: \_\_\_\_\_

C. Submission of this application shall not eliminate the need for applicant to apply for any other required Town permits related to the operation of the approved marijuana dispensary, including, without limitation, conditional use permits, development approvals and building permits.

applicant initials: \_\_\_\_\_

D. Applicant hereby swears, acknowledges, consents and agrees to the following:

The owner of the premises where the marijuana dispensary will be located, applicant and the employees of the marijuana dispensary may be subject to prosecution under State, federal and local controlled substance laws.

The owner of the premises where the marijuana dispensary will be located, applicant and the employees of the marijuana dispensary acknowledge and agree that the Town accepts no legal liability in connection with the approval and subsequent operation of the marijuana dispensary.

Applicant hereby acknowledges consents and agrees that the Town will conduct a background investigation of applicant.

applicant initials: \_\_\_\_\_

E. In executing this application, applicant hereby acknowledges, consents and agrees to the following:

In executing this application applicant waives and releases the Town, its officers, elected officials, employees, attorneys, agents, insurers and self-insurance pools from

any liability for injuries, damages or liabilities of any kind that result from any arrest or prosecution of dispensary owners, operators, employees, clients or customers for a violation of State or federal laws, rules or regulations.

In executing this application the applicant agrees to indemnify, defend and hold harmless the Town, its officers, elected officials, employees, attorneys, agents, insurers and self-insurance pool against all liability, claims and demands, on account of injury, loss or damage, including, without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the operation of the marijuana dispensary that is the subject of this application. The applicant further agrees to investigate, handle, respond to and to provide defense for and defend against, any such liability, claims or demands at its expense, and to bear all other costs and expenses related thereto, including court costs and attorneys' fees.

This application and the requirements associated herewith do not, and are intended to, protect the applicant, operators, employees, customers, property owners and clients of a permitted marijuana dispensary from prosecution pursuant to any laws that may prohibit the growing, cultivation, sale, use, distribution or possession of controlled substances. In addition, as of the date of this application the growing, cultivation, sale, possession, distribution and use of marijuana remain violations of federal and State law (except for conduct covered by Amendment 20), and this application affords no protection against prosecution under such federal and State laws. Applicant, operators, employees, customers, property owners and clients of a permitted marijuana dispensary assume any and all risk and any and all liability arising or resulting from the operation of the dispensary under any State or federal law. Further, to the greatest extent permitted by law, any actions taken under the provisions of this application by any public officer or officers, elected or appointed officials, employees, attorneys and agents of the Town shall not become a personal liability of such person or of the Town.

applicant initials: \_\_\_\_\_

- F. This application may not be assigned or otherwise transferred in whole or in part. Any attempted assignment or transfer shall void the application *ab initio* and the application fee shall be forfeited.

applicant initials: \_\_\_\_\_

- G. The individual executing this application represents and warrants that he/she has obtained any and all approvals, authorizations and otherwise necessary to complete and submit this application and obligate itself to the conditions and requirements contained herein.

applicant initials: \_\_\_\_\_

Applicant Name:

***Oath of Applicant***

*I declare under penalty of perjury in the second degree that this application and all attachments are true and correct, and complete to the best of my knowledge.*

Authorized Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_