



551 Hot Springs Blvd
 PO Box 1859
 Pagosa Springs, CO 81147
 970.264.4151
 970.264.4634 (fax)

Individual History Record

Confidential Information – Not for Public Release

The Applicant must provide an Individual History Record for **ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, FINANCIERS, PRIMARY CAREGIVERS, ALL NAMED PERSONS, AND ALL AGENTS** who manage, advise, or are paid more than \$1,000 a year by the applicant.

Each of these individuals **MUST ALL BE FINGERPRINTED, MUST PROVIDE AN INDIVIDUAL HISTORY RECORD FORM WITH COPY OF ID with PHOTO**, and any other documentation permitted evidencing good moral character. Please submit court documents with final dispositions or evidence of rehabilitation if necessary.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed. EVERY answer you give will be checked for its truthfulness. A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.

| | | | | | |
|--|---------------------|------------------|--|---------------------|----|
| 1. Name of Business | | | | | |
| 2. Your Full Name (last, first, middle) | | | 3. List any other names you have used. | | |
| 4. Mailing address (if different from residence) | | | 5. Home Telephone | | |
| 6. Personal email address for any further questions or additional information | | | | | |
| 7. List all residence addresses below. Include current and previous addresses for the past five years. (Attach separate sheet if necessary) | | | | | |
| STREET ADDRESS | | CITY, STATE, ZIP | | FROM | TO |
| Current | | | | | |
| Previous | | | | | |
| | | | | | |
| 8. List all current and former employers or businesses engaged in within the last five years. (Attach separate sheet if necessary) | | | | | |
| NAME OF EMPLOYER | STREET ADDRESS | CITY, STATE, ZIP | POSITION HELD | FROM | TO |
| | | | | | |
| | | | | | |
| 9. List name(s) of relatives working in or holding a financial interest in a Marijuana or Medical Marijuana licensed business. | | | | | |
| Name(s) of Relative | Relationship to You | | Position Held | Licensee Name | |
| _____ | | | | | |
| _____ | | | | | |
| 10. Have you ever applied for, now hold, ever held, or had any percentage of interest in a State of Colorado Marijuana business, a Marijuana Business License in any jurisdiction, or helped finance, loaned money, furniture or fixtures, equipment or inventory, to any Marijuana business licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Name | Address | Type of Business | | Date/License Number | |
| _____ | | | | | |
| Explain: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |



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11. Have you been denied an application for a marijuana business, withdrawn an application for a marijuana business, or had a marijuana business license revoked by any jurisdiction? Yes No

Explain: _____

12. Have you ever received a violation notice, suspension or revocation, for a license violation, related to liquor, marijuana, gaming, professional services, or any other type of license anywhere in the U.S.? Yes No

Explain: _____

13. Have you had a license application as described in paragraph 10 denied, suspended or revoked by any jurisdiction? Yes No

Explain: _____

14. Have you had a business temporarily or permanently closed for failure to comply with any health, safety, failure to pay tax, reporting violations, or other law? Yes No

Explain: _____

15. Have you had an administrative, civil, or criminal finding of delinquency for failure to pay sales or use tax, or any other tax? Yes No

Explain: _____

16. Have you ever been arrested for a crime, convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or have you been found liable for responsible in a civil or administrative proceeding for violation of any law or regulation, or do you have any such criminal, military, civil, or administrative charges pending? Yes No

Explain: _____

17. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence or subject to any order requiring payment of fines or fees or monitoring for any civil or administrative violations? Yes No

Explain: _____



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18. Have you ever had any STATE issued licenses suspended, revoked, or denied including a driver's license? Yes No

Explain: _____

19. Have you ever been convicted of a felony, or found in violation of any applicable law (other than traffic violations that did not involve a controlled substance or injury to any party) in a federal, state, or other court? Yes No

Explain: _____

20. Have you ever been convicted of driving or operating other machinery under the influence of alcohol, drugs or medication, or driving while impaired or driving with excessive alcohol content in a federal, state, or other court? Yes No

Explain: _____

21. Have you ever been convicted of a crime or completed any portion of a criminal sentence in a federal, state, or other court? Yes No

Explain: _____

22. If the answer is **YES** to any of the above questions 16 to 21 for any violations of law, please provide answers on the name and location of court, charge(s), and sentence: (if necessary, provide additional information on a separate sheet)

| Name | Name and Location of Court | Charge(s) | Sentence or Settlement | Date of Sentencing or Settlement | Last date of incarceration/parole/probation/monitoring/liability for fees |
|------|----------------------------|-----------|------------------------|----------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

Personal and Financial Information

Unless otherwise provided by law in Section 24-72-204 C.R.S., information provided below will be treated as CONFIDENTIAL. Marijuana business licensing requires the following personal information in order to determine suitability for licensure pursuant to Pagosa Springs Town Code 6.5.5.2 and 6.5.7.4.

| | | | |
|--|-------------------------|---|--|
| 23. Personal Information | | | |
| Date of Birth: | Social Security Number: | Place of Birth: | US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Naturalized, list where _____, when _____, District Court _____ | | | |
| Naturalization Certificate Number: | | If Alien, Alien Registration Card Number: | |



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| | | | | | |
|---|---|-------------|------------------------|--------|-------|
| Permanent Residence Card Number: | | | | | |
| Height: | Weight: | Hair Color: | Eye Color: | Sex: | Race: |
| Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give number and state _____ Please attach copy of your current Driver's License, State Issued Picture ID, or Passport to this document. | | | | | |
| 24. Financial Investment Information | | | | | |
| a. Total Investment being made in business by Applicant entity, corporation, partnership, limited liability company, or other. \$ _____ | | | | | |
| b. List the total amount of your investment in this business including notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid \$ _____. | | | | | |
| c. Provide details of total business investment. You must account for the sources of all cash or other monies (how acquired) that you have made in the business. Attach separate sheet if needed. | | | | | |
| Type: Cash, Services or Equipment | Source: Name of Bank, Account Type and Number | | | Amount | |
| | | | | | |
| | | | | | |
| d. Loan Information (attach copies of all notes and loans) | | | | | |
| Name of Lender and Account Number | Address | Term | Security | Amount | |
| | | | | | |
| | | | | | |
| 25. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon. _____ _____ | | | | | |
| Oath of Applicant | | | | | |
| I declare under penalty in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Town of Pagosa Springs Municipal Code and all applicable laws regarding this application and operation of a Marijuana Establishment. | | | | | |
| Authorized Signature | | | Printed Name and Title | | Date |
| | | | | | |



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AFFIDAVIT

State of Colorado)
) SS.
County of Archuleta)

I, _____, being first duly sworn, state that I am an Applicant for a Marijuana License for
Name of Applicant
_____, located at _____,
Name of Establishment Address of Establishment

Colorado;

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

In addition, I hereby state that I have not been convicted of a crime, fined, imprisoned, placed on probation, received a suspended sentence or forfeited bail for any offense in criminal or military court other than what has been reported within my application for said license, except traffic violations which did not result in suspension or revocation of my driver's license or conviction of driving under the influence of alcoholic beverages.

I fully understand that the Pagosa Springs Police Department conducts a background investigation of all applicants and employees (using this application for its beginning point), who are being considered for a Marijuana License. This investigation includes, but is not limited to, an investigation of past employment, financial stability, driving records and character. I hereby waive any and all rights that I may have to examine, review, or inspect any documents or information of whatever kind, form or nature, obtained in the course of the background investigation.

I hereby authorize any person who is contacted by Pagosa Springs Police Department personnel to release any information to the Pagosa Springs Police Department pertaining to the background investigation.

I also understand hereby that this application and any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals become, upon submission to the Pagosa Springs Police Department, the property of the Town of Pagosa Springs, Archuleta County, State of Colorado, and cannot and will not be returned to me under any circumstances whatsoever, and will not be disclosed to me.

I authorize the Pagosa Springs Police Department to release any information or documents collected during the application process to any person or entity lawfully empowered to obtain this information or documents.

I further agree to release and hold harmless any person releasing such information to the Pagosa Springs Police Department from any and all liability or claims that I may have against that person arising out of the release of such information.

I further agree to release and hold harmless the Town of Pagosa Springs, its elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Pagosa Springs Police Department for use by the Pagosa Springs Police Department in consideration of my application for a Marijuana License, the disclosure or release of any information or documents by the Pagosa Springs Police Department or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.



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This Affidavit is made for purposes of inducing the Local Licensing Authority of the Town of Pagosa Springs, Colorado, to approve the aforementioned Marijuana establishment license application. This Affidavit is made with the knowledge and consent by me; and if this Affidavit for any reason proves to be false, the Town of Pagosa Springs Marijuana Establishment Licensing Authority may revoke the license previously issued to me in reliance upon this Affidavit.

Printed Name of Applicant

Signature of Applicant

State of _____)

) SS.

County of _____)

On this _____ day of _____, 20____, before me personally appeared _____ and executed the foregoing instrument and acknowledged it to be his/her free act and deed.

Notary Public

[SEAL]