



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

Town of Pagosa Springs Local Licensing Authority

Marijuana License Application and Premise Inspection Workflow for Marijuana Establishment Licenses

Step 1. Applicant files a legally complete Marijuana Establishment License Town Application

Step 2. Fingerprint cards sent to CBI /FBI

Step 3. Zoning Approval for proposed premise location is received

Step 4. Approved Planning/Zoning Form submitted with Building Permits

Step 5. CBI and FBI results received and approved

Step 6. Letter of Completion received to request licensing premise inspection

Step 7. Town Staff Premise Location Inspections

Step 8. Licensing Inspection Corrections completed

Step 9. State MED license issued and received

Step 10. Town Marijuana Establishment License issuance



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Marijuana Establishment License Application

This application is for the following Premise Location License Type *(please check only 1 license type and file a separate complete license application if another license type is applicable):*

- | | |
|--|---|
| <input type="checkbox"/> Medical Marijuana Store | <input type="checkbox"/> Retail Marijuana Store |
| <input type="checkbox"/> Medical Marijuana Products Manufacturer | <input type="checkbox"/> Retail Marijuana Products Manufacturer |
| <input type="checkbox"/> Medical Marijuana Cultivation Facility | <input type="checkbox"/> Retail Marijuana Cultivation Facility |

“APPLICANT” is defined as Legal Name of Individual or Business Entity that will hold license if approved.

- | | |
|---|---|
| <input type="checkbox"/> New Retail or Medical License Fee \$3,000.00 | <input type="checkbox"/> Retail or Medical Ownership Transfer \$100.00/person |
| <input type="checkbox"/> Retail or Medical License Renewal Fee \$2,000.00 | <input type="checkbox"/> Retail or Medical Late Renewal Fee \$500.00 |
| <input type="checkbox"/> Retail or Medical Location Transfer Fee \$3,000.00 | <input type="checkbox"/> Background Check Fee \$500.00 per person |

ALL FEES ARE NON-REFUNDABLE

Applicant is applying as (attach organizational documents):

- Corporation *(Certificate of Incorporation and Certificate of Good Standing or Statement of Trade Name filed with the CO SOS)*
- Limited Liability Company *(Articles of Organization, Operating Agreement, and Certificate of Good Standing or Statement of Trade Name filed with the CO SOS)*
- Individual *(Verification of Lawful Presence per State Law – signed affidavit and photo ID)*
- Partnership *(Partnership Agreement – not needed if husband and wife)*
- Association or Other *(Attach Copy of Agreements creating association or relationship between parties)*

1. Applicant Information			
Applicant Name:		FEIN:	
Trade Name (DBA):		CO Sales Tax #:	
Premise Address:			
License Mailing Address:			
Phone Number:		Fax Number:	
Business Email:			
2. State Marijuana License Numbers			
Medical Marijuana Center No.:	Medical Optional Premises Cultivation No.:	Medical Infused Products No.:	
Retail Marijuana Center No.:	Retail Optional Premises Cultivation No.:		

3. Applicant Ownership and Management Structure
(not required for Renewals unless there are Amendments)

The Applicant must provide the name and address of all OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, FINANCIERS, PRIMARY CAREGIVERS, AND ALL OTHER INDIVIDUALS NAMED IN THE APPLICATION. In addition, applicant must list any STOCKHOLDERS, PARTNERS, MEMBERS, OR OTHER PERSONS with any financial interest in the applicant. Check if additional information is provided on a separate sheet

Name	Mailing Address, City State, Zip	Title	% Owned

On-Site Business Manager: _____ *Cell Number:* _____

Are any of the individuals or persons listed above with the Applicant under 21 years of age? Yes
 No

Has any person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgement pertaining to any felony? Yes
 No

Has any person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgement pertaining to any charge related to use or possession, or use or possession with intent to distribute narcotics, drugs, or controlled substances? Yes
 No

Has any person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgement pertaining to any charge related to driving or operating a motor vehicle while under the influence of or while impaired by alcohol or controlled substances? Yes
 No

If the answer to any of the previous three questions is yes, please provide a detailed written explanation. Check if attached.

Individual Name	Location of Court	Charge Alleged	Sentence or Disposition	Date of Sentencing or Disposition	Last Date Sent/Disp

Has any person named on this application been denied an application for a medical or retail marijuana license revoked by any jurisdiction? Yes
 No

Has any person named on this application ever had a retail or medical marijuana license denied, suspended or revoked by any jurisdiction? Yes
 No

Has any person named on this application ever had a liquor license denied, suspended or revoked by any jurisdiction? Yes
 No

If the answer to any of the previous three questions is yes, please provide a detailed written explanation. Check if attached.

4. Business Premise Information

By what means does the Applicant have legal possession of the premises for at least 12 months from the date that this license will be filed by virtue of ownership, lease or other arrangement?

- Ownership/Deed – *Provide copy of the Deed and proof that all property taxes have been paid and no liens exist.*
- Lease – *Provide copy of Lease (in the name of the applicant) and attach the Landlord’s Consent Form, completed by the Owner of the Property and notarized. The consent must be for the proposed retail operations.*
- Other (explain in detail): _____

Business Premise Information (continued)			
<i>Landlord Name:</i>			
<i>Landlord Mailing Address:</i>			
<i>Lessee Name (Applicant):</i>		Expires:	
Are the premises in compliance with all zoning requirements per Chapter 6 Article 5 of the Pagosa Springs Municipal Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the premises to be licensed located within 1000 feet of any school, alcohol or drug treatment facility or licensed day care facility whether located within or outside the corporate limits of the Town?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the premises to be licensed located within 250 feet of any church or residential zone district as described in the Land Use Development Code and as defined in the Archuleta County zoning definitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List all other uses on the property: _____			

Additional Documents
<p>The following is required documentation that must accompany new license applications <i>but is not required for annual renewal applications unless there are changes</i>. Incomplete applications will be returned with instructions as to which documents are required for completion. Failure to provide the documents below or other documents deemed necessary by the Licensing Authority in sufficient detail to determine full compliance with State and Local Regulations shall be grounds for denial of the application.</p> <p>All attachments must be properly executed and must correspond exactly with the Applicant’s Name. All documents must be typed or legibly printed in ink. Documents must follow the relevant requirements set forth in Ordinance No. 825 (Series 2015) and elsewhere. Please check each box to indicate that the document is attached.</p> <p>For Renewals, are there changes to any information in Attachments A to F most recently submitted to the Town?</p> <p><input type="checkbox"/> Yes If Yes, Licensee should submit new Attachments to properly report any and all changes.</p> <p><input type="checkbox"/> No If No, there are no additional Attachments required, please sign affirmation and consent.</p> <p>Renewing Representative’s Initials _____</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Completed Colorado Business Retail or Medical Marijuana License Application <input type="checkbox"/> Fees – Made payable to Town of Pagosa Springs <input type="checkbox"/> Attachment A - Applicant <ul style="list-style-type: none"> <input type="checkbox"/> Corporate, LLC, or Partnership formation documents <input type="checkbox"/> Affidavit of Lawful Presence (Sole Proprietors only) <input type="checkbox"/> If the owner is not a natural person, the application shall include copies of the organizational documents for all entities identified in the application, and the contact information for the person that is authorized to represent for the entity or entities <input type="checkbox"/> Certificate of Good Standing issued by the Colorado Secretary of State Office (if applicable) <input type="checkbox"/> Copy of the State Sales Tax License for the business <input type="checkbox"/> Attachment B - Background <ul style="list-style-type: none"> <input type="checkbox"/> Individual History Form for each person listed on Application <input type="checkbox"/> Fingerprint Cards for each person listed on Application <input type="checkbox"/> Evidence of Rehabilitation or Court Documents for Dispositions if applicable <input type="checkbox"/> Attachment C – Lease or Deed <ul style="list-style-type: none"> <input type="checkbox"/> Lease or Deed, signed by all parties, in proper applicant legal name <input type="checkbox"/> Authorization to Use Property for a Marijuana Business (leased property only) <input type="checkbox"/> Assignment of Lease, properly executed by all parties. Must include original lease and all attachments and addendums. (if applicable) <input type="checkbox"/> Amendments to Lease, executed by all parties, with all attachments, in exact name of Applicant

Checklist for Attachment E – Operating Plan

An operating plan narrative for the proposed marijuana establishment includes the general premise diagram and the following items:

- Expected Business Hours of Operation (MUC Sec 6.5.1.9(3) only allows between 8:00 am to 7:00 pm).
- Name of owner or manager, who will reply within 24 hours to the Town of Pagosa Springs, and the Applicant's phone number and email address when premise inspection or town enforcement contact is required.
- Provide address of all other Colorado marijuana businesses operating under this applicant entity.
- Describe plan for ventilation that indicates the ventilation systems that will be used to prevent any odor of marijuana off the premises.
- Description of all toxic, flammable, or other materials regulated by federal, state or local government with authority over the business that will be used or kept on the premises, the location of such materials and how such materials will be stored.
- Description of the products and services to be provide by the marijuana establishment.
- Description of any delivery of product intended.
- Description of plan to check and card the persons who enter the premise to include description and location of electronic ID scanner.
- Description of the plan to recycle grow lamps and documentation of the time, date and location of all lamps recycled.
- Expected water use plan and permits related to well, septic, and sanitation.
- Plan for disposal of any retail marijuana or product that is not sold or is contaminated in a manner that protects any portion thereof from being possessed or ingested by any person or animal certified by CDPHE.
- Plan for how the business will manage parking for customers and employees, to include projected vehicle trips to the premise per day.
- List of current employees, include copy of State of Colorado Certificate and Photo ID.
- Copies of state badges for owner(s) and any business manager(s) reported to the state.
- Comprehensive list of vendors and suppliers providing product to the establishment in compliance with Section 6.5.1.9(1)(u) and 6.5.1.9(1)(v).
- Site Plan and Code Analysis prepared by a Design Professional or Colorado licensed Architect to include, but not limited to, the following:
 - Square Footage and Dimensions.
 - Principal uses of the floor area labeled on the floor plan, including areas where patients/non-patients/general public/employees only will be permitted, private consultation rooms, business office location, marijuana storage areas, stairs, marijuana retail area, points of sale, and areas where marijuana or manufacturer infused products will be processed or distributed.
 - Storage areas for toxic, flammable, or other materials and chemicals, if any.
 - All interior walls and doors listed and marked as to if they are locked.
 - Ventilation capabilities and room locations.
 - Production areas if any, which shall not be open to any persons other than those employed by the business, if applicable.
 - Areas where any services other than the distribution of marijuana are proposed to occur on the licensed premises.
 - Separation of the areas that are open to persons who are not patients from those areas open to patients or separation of the areas that are open to the general public.
 - Front and back premise exterior lighting of licensed premises.
 - All exterior entrances, exits, windows and means of security.

Checklist for Attachment F – Security Plan

The security plan should have confidential portions marked and confidentiality reasons stated. The security plan narrative for the proposed marijuana establishment includes the general premise diagram and the following items:

- Security plan for premises indicating how the Applicant will comply with applicable laws, rules and regulations per Section 6.5.1.9(1)(o) and Section 6.5.1.9(1)(p).
- Lighting plan which meets Land Use Code requirements for night-sky compliance and lighting of the outside premises for security purposes.
- Off site location of security recordings (30 days).
- Location of books and records of the business.
- Location of all check points where customer IDs are checked before entry into secure dispensing area.
- Location of all entrances and exits.
- Copy of the alarm contract.
- Procedure for 24/7 monitoring of security system, including:
 - Calling sequence in the event the security system is tripped.
 - Procedure for verification in the event the security system is tripped.
 - Emergency contact information to include names and cell phones for owners and managers that will be on-site.
 - Alarm monitoring company information and emergency contact information.
 - Names and emergency contact numbers of person responsible for notifying the Pagosa Spring Police Department of criminal activity or attempts of criminal activity.
 - Name and contact information for landlord if applicant rents the premise.
- Indicate any impediments to emergency responders in entering the licensed premise.
- Security Diagram, attach a scaled floor plan diagram with all levels and floors displayed and clearly labeled. This must be on either 8 ½" x 11" or 11" x 17" paper and include the following:
 - Principal uses of the floor area labeled on the floor plan, including areas where patients/non-patients/general public/employees only will be permitted, private consultation rooms, business office location, marijuana storage areas, stairs, marijuana retail area, points of sale, and areas where marijuana or manufacturer infused products will be processed or distributed.
 - Location of storage areas for toxic, flammable, or other materials and chemicals.
 - Location and means of security ventilation apparatus that passes through to the outside.
 - Location of all emergency lighting that is part of the security system and areas of illumination.
 - Location of all exterior front and back lights that illuminate outside entrances and exits.
 - Location of security cameras, motion detectors, security system computer, recording devices (dvr), and other security system components, and the view area covered by each component.
 - Location of all checkpoints where patient cards and picture IDs are checked.
 - Location of business office where books and records are kept.
 - All interior doors and walls, noted if locked.
 - All exterior entrances and exits, noted if locked.
 - All windows, noted if locked and if any special film is applied for security or view obstruction.



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Marijuana Establishment Planning/Zoning Approval Application

1. Applicant Information			
<i>Applicant Name:</i>		<i>Contact Name:</i>	
<i>Trade Name (DBA):</i>			
<i>Premise Address:</i>			
<i>License Mailing Address:</i>			
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Business Email:</i>			
<i>Property Owner(s):</i>			
Authorization from all property owners is required if different from the Applicant. Attach Authorization to Use Property for Marijuana Establishment Form.			

2. Site Information			
<i>Property Assessor's Parcel No:</i>			
<i>Current Zoning:</i>		<i>Proposed Zoning:</i>	
<i>Current Use:</i>			
<i>Proposed Use:</i>	<input type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Retail Cultivation Facility <input type="checkbox"/> Medical Marijuana Center <input type="checkbox"/> Medical Marijuana-Infused Products Manufacturer <input type="checkbox"/> Optional Premises Cultivation		

For a complete application please attach the following documents:

- A written narrative describing the proposed use, proposed site or building improvements, existing conditions, and how the application complies with all applicable regulations to include Municipal Code 6.5 Pagosa Springs Marijuana Licensing Regulations and applicable Land Use Development Code.
- Detailed map, drawn to scale, showing the distances of the proposed location, measured in accordance with the Town of Pagosa Springs Land Use Regulations, from any nearby residences that are not part of a mixed-use commercial/residential development or within a Commercial General or Commercial Limited zone district, any school, residential child care facility, addiction recovery facility, or dedicated public park containing children's playground equipment, and to any other facilities required by law. The Authority may require such distance requirements be verified by a licensed land surveyor. The Authority will not provide such verification.
- Location of all proposed buildings/structures and existing buildings/structures that will remain to include total square footage of all buildings and total square footage of building footprints
- Locations and dimensions of all existing and proposed roads, on and adjacent to the premises, driveways, easements, rights-of-way, existing and proposed utilities
- Parking areas and spaces including overflow parking.
- Location of signs/advertising, outdoor lighting, landscaping and/or fencing, and other structural elements.
- Sign Permit Application indicating sign content, design, materials, and placement on property.



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Marijuana Establishment Planning/Zoning Approval Application

Applicant Name: _____

3. Acknowledgement and Authorization			
<p>The undersigned authorizes the Planning Department to proceed with processing this application under the requirements of the Town of Pagosa Springs Land Use Development Code (LUDC). The undersigned acknowledges that the information provided herein is accurate to the fullest extent of their knowledge.</p> <p>Further, it is the responsibility of the applicant, when applicable, to provide the Town with the names and addresses of adjacent property owners within a specified distance of all boundaries of the subject property, and within the boundaries, as recorded in the Archuleta County Assessor's office. The accuracy of this information is the applicant's responsibility and improper notification of adjacent property owners, when applicable, can result in delayed processing of this application.</p>			
<i>Applicant Signature:</i>		<i>Date:</i>	

DEPARTMENT USE ONLY			
<i>Application Received by:</i>		<i>Date:</i>	
<i>Application Reviewed by:</i>		<i>Date:</i>	
<i>Previous Reviews:</i>			
<i>Further Discretionary Review:</i>	Applicant must comply with the following:		
<i>Further Land Survey Required:</i>			
Zoning Code Compliance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Distance Requirements Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Signature Planning Official:</i>		<i>Date:</i>	



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Marijuana Establishment Building/Fire Code Approval Form

Applicant Information			
<i>Applicant Name:</i>		<i>Contact Name:</i>	
<i>Premise Address:</i>			
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Contact Email:</i>			

For all licensed facilities located within a building or structure for which a Town of Pagosa Springs Building permit is required, documentary proof of compliance with all applicable Town Building Code Standards, as well as documentary proof of compliance with all applicable Colorado Plumbing and Electrical Code Standards and Fire Codes.

DEPARTMENT USE ONLY			
<i>Building Plan Reviewed by:</i>		<i>Date:</i>	
<i>Building Inspection by:</i>		<i>Date:</i>	
Change of Use Building Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Industrial Hygienist Report Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Previous Reviews/Inspections:</i>			
<i>Further Discretionary Review:</i>	Applicant must comply with the following:		
Building Code Compliance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Code Compliance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Signature Building Official:</i>		<i>Date:</i>	



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Marijuana Establishment Sanitation Approval Form

Applicant Information			
<i>Applicant Name:</i>		<i>Contact Name:</i>	
<i>Premise Address:</i>			
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Contact Email:</i>			

DEPARTMENT USE ONLY			
<i>Application Reviewed by:</i>		<i>Date:</i>	
<i>Sanitation Inspection by:</i>		<i>Date:</i>	
<i>Old Occupancy:</i>		<i>New Occupancy:</i>	
Unit of Measure: _____	Current ERTs Assessed: _____	New ERTs Assessed: _____	
<i>Previous Reviews/Inspections:</i>			
<i>Further Discretionary Review:</i>	Applicant must comply with the following:		
Sanitation Compliance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Water Compliance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Signature Sanitation Official:</i>		<i>Date:</i>	



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Marijuana Establishment Security and Background Approval Form

Applicant Information			
<i>Applicant Name:</i>		<i>Contact Name:</i>	
<i>Premise Address:</i>			
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Contact Email:</i>			

DEPARTMENT USE ONLY			
<i>Security Plan Reviewed by:</i>		<i>Date:</i>	
<i>Security Inspection by:</i>		<i>Date:</i>	
<i>Premise Security Status:</i>	Premise Security in compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, items to be addressed: _____ _____ _____		
<i>Background Check Status:</i>	Applicant Background Checks found to be in Good Standing <input type="checkbox"/> Yes <input type="checkbox"/> No If no, items to be addressed: _____ _____ _____		
Security Plan Compliance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant Background Compliance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Signature Police Official:</i>		<i>Date:</i>	



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Marijuana Establishment Health Department Approval Form

Applicant Information			
<i>Applicant Name:</i>		<i>Contact Name:</i>	
<i>Premise Address:</i>			
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Contact Email:</i>			

Documentary proof of compliance with health department standards.

Contact San Juan Basis Health Department
 502 S 8th Street
 Pagosa Springs, Colorado 81147
 (970) 264-2673

DEPARTMENT USE ONLY			
<i>Reviewed by:</i>		<i>Date:</i>	
<i>Previous Reviews/Inspections:</i>			
<i>Further Discretionary Review:</i>	Applicant must comply with the following:		
Health Code Compliance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Signature Health/Enviro Official:</i>		<i>Date:</i>	



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Authorization to Use Property for a Marijuana Establishment

Lessee/Property Information	
Applicant/Lessee Name:	
Property Address:	

Affirmation and Consent

As owner of the property described above, I hereby consent to the use of said property for the purpose of conducting a marijuana establishment so long as said use is authorized under and in accordance with applicable state and local laws. This consent is valid under the following terms and conditions:

- Retail Marijuana Store
- Retail Marijuana Cultivation Facility
- Medical Marijuana Center
- Optional Premises Cultivation Operation
- Medical Marijuana-Infused Products Manufacturer

I understand that the lessee must operate the establishment on the property described above under the provisions of Town of Pagosa Springs Land Use Development Code, Building Code, and local regulations to include Municipal Code Chapter 6, Article 5 (as may be amended). I further understand that operating a marijuana establishment does not provide any exception, defense, or immunity to any person in regard to any potential criminal liability the person may have for the production, distribution, or possession of marijuana in the property described above.

Property Owner or Authorized Agent – Last Name, First Name Middle Name - *(please print)*

Company Name and Address	Telephone
Signature	Date

State of _____)
)SS.
 County of _____)

Subscribed and sworn before me this _____ day of _____, 20____, by _____.

Notary Public

[SEAL]

My commission expires: _____