



**TOWN OF SILT**

**MEDICAL MARIJUANA AND/OR RETAIL MARIJUANA STORE BUSINESS LICENSE  
NEW AND RENEWAL APPLICATION**

NEW       RENEWAL

<b>Applicant Name:</b>	<b>Applicant Address and Phone Number(s):</b>	<b>Social Security # or FEIN:</b>
<b>dba (Doing Business As) Name:</b>	<b>Business Legal Name:</b>	<b>Business Phone Number(s):</b>
<b>Business Mailing Address:</b>	<b>Physical Business Address and Zoning District:</b>	<b>Landlord Name &amp; Mailing Address:</b>
<b>Business Manager and Date of Birth:</b>	<b>Business Manager's Address and Phone #:</b>	<b>E-Mail :</b>
<b>US Citizen:    YES      NO</b>		
<b>Business Owners (all must be listed) and Dates of Birth:</b>	<b>Business Owners Addresses and Phone #s:</b>	<b>Owners' Social Security Numbers:</b>
<b>US Citizens:    YES      NO</b>		
<b>Hours of Operation:</b>	<b>Days of Operation:</b>	<b>Business Square Footage:</b>
<b>Nature of Business (as you would like it described on your license):</b>		

**TYPE OF BUSINESS:**

- Medical Marijuana Store (requires a public hearing) – List of Products:
  - Retail Marijuana Store (requires a public hearing) – List of Products:
  - Medical/Retail Marijuana Store (requires a public hearing) – List of Products:
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**TYPE OF OWNERSHIP:**

- Corporation  Limited Liability Company  Partnership  Sole Proprietorship  Franchise
- Non-profit Corporation (attach IRS Letter of Determination)  Other \_\_\_\_\_

**STATE LICENSES (COPIES MUST BE ATTACHED TO THIS APPLICATION, IF AVAILABLE):**

- State Medical/Retail Marijuana License #(s) \_\_\_\_\_  FEIN # \_\_\_\_\_
- State Health Department License # \_\_\_\_\_  State Sales Tax # \_\_\_\_\_ (registered Silt as home base)

**REQUIRED DECLARATIONS:**

1. Has the applicant or any of the owners of this business been denied a medical marijuana or retail marijuana business or liquor license or similar State or local license, or had such a license suspended or revoked?  Yes  No  
If yes, please explain on a separate sheet of paper.
  2. Has the applicant or any of the owners of this business been convicted of a felony or has completed any portion of a sentence due to a felony conviction within the past 5 years, or has the applicant or any of the owners completed any portion of a sentence for a conviction of a felony regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance within the past 10 years?  Yes  No  
If yes, please explain on a separate sheet of paper.
  3. Is the applicant and the owners or manager U.S. Citizens and Colorado residents of two years and twenty-one (21) years of age or older?  Yes  No  
If no, please explain on a separate sheet of paper.
  4. Is the applicant or any of the owners a law officer and/or employee of the State or local licensing authority?  Yes  No
  5. Has a transfer of capital stock, change in principal officers or directors, transfer of membership interest or managers occurred?  Yes  No
  6. Does the business utilize any hazardous, toxic or flammable materials?  Yes  No  
If so, please list out which kind, quantities, and for what purpose.
  7. Is your business a change of use or occupancy for this location?  Yes  No  
(If a **change of use**, then two sets of registered design professional stamped plans are required. Please go to: <http://townofsilt.org> to apply for a building permit.)
  8. Will there be ANY remodeling or building alterations?  Yes  No  
(Please go to: <http://townofsilt.org> to apply for a building permit.)
  9. If renewal, have you added any space to your previous square footage?  Yes  No
  10. Will you be installing a new sign or changing an existing sign?  Yes  No
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**FEE SCHEDULE:**

- 1. New license application for medical/retail marijuana store. \$1500.00
  - 2. Renewal license application for medical/retail marijuana store. \$ 500.00
- ❖ A change of ownership requires a new license application and fee.
  - ❖ A license must be obtained for each marijuana establishment location.
  - ❖ A license is valid for one year

**REQUIRED ATTACHMENTS:**

- Completed copy of the State Medical/Retail Marijuana application(s) (as submitted to the State)
- Copy of State Sales Tax License Application
- Copies of Articles of Incorporation or Partnership/Operating Agreements
- Lease or Deed for Premises, listing the business as the Owner or Lessee
- Floor plan diagram, drawn to scale, showing public medical/retail store area and private areas (offices, etc), as well as secured areas for marijuana storage.
- Completed fingerprint card(s) for applicant, manager, and all owners, with a cashier's check or money order for \$39.50 made payable to CBI for each card.
- All necessary Town fees, in checks payable to the Town of Silt.

**REQUIRED APPROVALS PRIOR TO ISSUANCE OF LICENSE:**

**1. Town of Silt Community Development Department:**

Please contact the Community Development Department at 970-876-2353, ext. 108 to confirm zoning.

ZONING District: \_\_\_\_\_ Zoning Use Correct?  Yes  No

Date of application \_\_\_\_\_ Date of Planning Commission Hearing \_\_\_\_\_

Date of Notice in the Paper \_\_\_\_\_ Date of Notice to 200' property owners' \_\_\_\_\_

Date of Board of Trustees Hearing \_\_\_\_\_ Date of Approval \_\_\_\_\_

License and Certificate Issued?  Yes  No

Does medical/retail store meet setback of 500' from another licensed medical/retail marijuana store?  Yes  No

Does medical/retail store meet setback of 500' from private or public school, daycare or preschool that is located outside of a commercial zone district?  Yes  No

Date of Board of Trustees public hearing \_\_\_\_\_

Date of Notice in the Paper \_\_\_\_\_ Date of posting notice at establishment \_\_\_\_\_

Date of Approval \_\_\_\_\_ Conforming Sign:  Yes  No

Approved  Denied  Held

Reason if held \_\_\_\_\_

Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**2. Town of Silt Building Department:**

Please go to: <http://townofsilt.org> or apply at Community Development Department for a building permit to schedule a medical/retail marijuana store building life safety inspection.

Change of Location  Approved  Denied  Held

Reason if held \_\_\_\_\_

Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**3. Town of Silt Police Department:**

Town staff will contact the Town of Silt Police Department for review.

Approved  Denied  Held

Reason if held \_\_\_\_\_

Police Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING STATEMENTS:**

\_\_\_\_\_ 1. I have obtained and examined a copy of all ordinances pertaining to the regulation of marijuana, and I agree to abide by and conform to all of the conditions of any license issued to me thereunder. <http://townofsilt.org/ordinances/>.

\_\_\_\_\_ 2. I understand an approved and issued business license is required to conduct business within the Town of Silt. I fully understand and will comply with all the rules and regulations of the State and the Town of Silt. It is my responsibility to acquire all necessary approvals for this application, and to submit a completed application *annually* with appropriate fees to the Town Clerk. Finally, this application is complete and correct to the best of my knowledge.

\_\_\_\_\_ 3. I will operate my establishment in a safe manner that does not endanger the public welfare, and will post all licenses in a conspicuous location at the marijuana establishment(s).

\_\_\_\_\_ 4. I understand that the Town accepts no legal liability in connection with the approval and subsequent operation of the medical/retail marijuana-based business.

\_\_\_\_\_ 5. I understand that by accepting a medical/retail marijuana business license issued pursuant to the ordinances of the Town of Silt, the licensee, jointly and severally if more than one, agrees to indemnify and defend 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 medical marijuana business that is the subject of the license. The licensee 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 attorney fees.

**PLEASE SIGN AND DATE BELOW**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Paid \_\_\_\_\_ Date of Completed Application \_\_\_\_\_ Received by \_\_\_\_\_

The Local Licensing Authority shall approve, deny, or conditionally approve a pending application within 45 days from the receipt of a completed application.

Inspections completed: Yes No

Application Approved  or Denied

Clerk Signature \_\_\_\_\_

If Denied, please state reason:

If Renewal and applicable, confirmed with Town Treasurer that sales tax has been collected

Treasurer Signature \_\_\_\_\_

Revoked or suspended \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_

Reason: