



TOWN OF NEDERLAND

RETAIL MARIJUANA BUSINESS LICENSE

NEW AND RENEWAL APPLICATION

NEW RENEWAL CONVERSION FROM MEDICAL

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

TYPE OF BUSINESS:

- Retail Marijuana Store (requires a public hearing)
- Retail Marijuana Product Manufacturing Facility
- Retail Marijuana Testing Facility
- Retail Marijuana Cultivation Facility (available after October 1, 2014)

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 Retail Marijuana License # _____ FEIN # _____
- State Health Department License # _____
- State Sales Tax # _____ (registered Nederland as home base)

REQUIRED DECLARATIONS:

1. Has the applicant or any of the owners of this business been denied a medical 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
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://nederlandco.org/building/> to apply for a building permit.)
8. Will there be ANY remodeling or building alterations? Yes No
(Please go to: <http://nederlandco.org/building/> 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

FEE SCHEDULE:

1. New or Renewal license application for retail marijuana store. \$ 575.00
 2. New or Renewal license application for retail marijuana product manufacturing facility. \$ 575.00
 3. New or Renewal license application for retail marijuana testing facility. \$ 575.00
 4. New or Renewal license application for retail marijuana cultivation facility. \$ 575.00
- ❖ 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 Retail Marijuana application, as submitted to the State licensing authority
 - 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
 - Detailed floor plan diagram, drawn to scale, showing public and private areas, as well as secured areas for marijuana, storage, cultivation, testing, manufacturing and dispensing. Use attached grid paper.
 - Security and Lighting Plan
 - Neighborhood Responsibility Plan that demonstrates how the business (applicant) will fulfill its responsibilities as a good neighbor and deter secondary impacts to the surrounding neighborhood, including, but not limited to: neighborhood outreach, future communication method, and dispute resolution process.
 - 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 at the marijuana business, the location of such materials and how such materials will be stored.
 - Description of the products and services to be provided by the marijuana business, including an indication of whether or not the business proposes to engage in the production of retail sale of food or other products for human ingestion, and whether any products or services will be provided at a location different than the address on the license application.
 - An Operating Plan for the proposed marijuana business that indicates that there are no anti-personnel devices that impede entry to the premise by emergency responders.
 - For an infused product business where ingestible item production will occur, the Operating Plan must describe how the applicant will meet the health and safety standards for retail food establishment standards in CRS 25-4-1601.
 - For an infused product business describe means used for extraction, heating, washing or other and verify safety measures for each process.
 - Describe plan for ventilation that indicate the ventilation systems that will be used to prevent any odor of marijuana off the business premises. For infused product business, such plan shall also include all ventilation systems used to mitigate noxious gases or other fumes used or created as art of the production process.
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For a marijuana business to operate as a cultivation or an infused product use, a plan that specifies the methods to be used to prevent the growth of harmful mold and compliance with limitations on discharge into the wastewater system of the Town.

For a cultivation business, a statement of the amount of projected daily average and peak electrical load used by the business and a certification from the landlord and the utility provider that the premises are already equipped for or will be upgraded for the required electrical load. And how the applicant will offset its electrical consumption with renewable energy?

Completed fingerprint card(s) for applicant, manager, and all owners, with money order for \$39.50 made payable to CBI for each card.

All necessary Town fees, in checks payable to the Town of Nederland.

****FOR OFFICE USE ONLY****

REQUIRED APPROVALS PRIOR TO ISSUANCE OF LICENSE:

1. Town of Nederland Planning and Zoning Department:
Please contact the Deputy Clerk at Town Hall at 303.258.3266, ext. 22 to confirm zoning.

ZONING District: _____ Zoning Use Correct? Yes No

If a residential zone, has a Home Occupation License and a Special Review Use been granted? Yes No
If NC zone or a cultivation facility in the CBD, has a Special Review Use been granted? Yes No

Date of application _____ Date of Planning Commission Hearing _____
Date of Notice in the Paper _____ Date of Notice to 300' property owners' _____
Date of Board of Trustees Hearing _____ Date of Approval _____

License and Certificate Issued? Yes No

If a retail store, does it meet setback of 100' from a licensed child care facility or school? 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 Nederland Building Department (SAFEbuilt):

Please go to: <http://nederlandco.org/building/> to apply for a building permit to schedule a retail marijuana building life safety inspection. There will be an additional fee.

Change of Location Approved Denied Held

Reason if held _____

Building Official Signature: _____ Date: _____

Comments:

3. Nederland Fire Department:

Please contact the Nederland Fire Department, at 303.258.9161, to schedule a retail marijuana fire safety inspection. No fee requested at this time.

Approved Denied Held

Reason if held _____

Fire Inspector Signature: _____ Date: _____

Comments:

4. Nederland Police Department:

Town staff will contact the Nederland 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 Ordinances 720 and 721 of the Town of Nederland, 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://nederlandco.org/board-of-trustees/ordinances/>.

_____ 2. I understand an approved and issued business license is required to conduct business within the Town of Nederland. I fully understand and will comply with all the rules and regulations of the State and the Town of Nederland. 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 retail marijuana-based business.

_____ 4. I understand that by accepting a retail marijuana business license issued pursuant to Ordinances 720 and 721 of the Town of Nederland, 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 an 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 or Town Clerk 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: