



# City of Cañon City

P.O. Box 1460 – 128 Main Street – Cañon City, CO 81215-1460  
(719) 269-9011 – Fax: (719) 269-9017

Office of the  
City Clerk

## **INDIVIDUAL HISTORY FORM** **Medical Marijuana Facilities (MMF)**

Must be completed by corporate officers, directors, stockholders, managers and any other person with a 10% or more interest in the company.  
This form is utilized for background checking purposes pursuant to the Colorado Medical Marijuana Code and the Municipal Code of the City of Canon City.

**Please complete this fill-able form on-line and print it out for submittal, or print out this form and TYPE answers. To ensure accuracy of information, no handwritten applications can be accepted. Thanks for your understanding!  
Need help completing this form? Contact the City Clerk's Office.**

1. Name of Business: \_\_\_\_\_
2. Business Address & Phone Number: \_\_\_\_\_
3. Your Full Legal Name: \_\_\_\_\_
4. List any other names you have used: \_\_\_\_\_
5. Phone #'s: Home: \_\_\_\_\_ Daytime: \_\_\_\_\_ Mobile : \_\_\_\_\_
6. E-mail address: \_\_\_\_\_
7. On what date did you become a resident of the state of Colorado?: \_\_\_\_\_
8. List residence addresses below. Begin with current, then list all previous addresses for the past 5-years. Attach a separate sheet, if necessary.

Street Number	City, State, Zip	From	To

**9. List all current and former employers or businesses engaged in within the last five years. Attach a separate sheet, if necessary.**

Name of Employer	Address (Street, City, State, Zip, Phone)	Position Held	From	To

**10. Please answer the following questions. Attach a separate sheet if more space is needed to provide complete answers. (Incomplete answers will result in delay in processing.)**

- a. Have you discharged a sentence for conviction of a felony within the past five years immediately preceding this application?  Yes  No

If yes, state date and nature of offense(s): \_\_\_\_\_

Place where offense(s) occurred: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ Court \_\_\_\_\_

Penalty Imposed: \_\_\_\_\_

Date requirements of penalty satisfied: \_\_\_\_\_

Are you currently on parole or probation for any criminal violation(s):  Yes  No

If so, please provide details (including date probation/parole will be satisfied and probation/parole officer's contact information):

- b. Have you ever been convicted of a felony pursuant to any state or federal law regarding the possession, distribution, or use of a controlled substance? .....  Yes  No
- c. Are you in default or arrears on any tax return with a taxing agency?.....  Yes  No
- d. Do you owe any outstanding judgments to a governmental agency?.....  Yes  No
- e. Are you in default on any government-issued student loan?.....  Yes  No
- f. Are you in arrears for payment of child support?.....  Yes  No
- g. Are you currently registered as a primary caregiver?.....  Yes  No
- h. Have you ever had the authority to be a primary caregiver [as defined in Section 25-1.5-106(2) C.R.S.] revoked by the State Health Agency?.....  Yes  No
- i. Are you currently a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the state or local licensing authority?  Yes  No
- j. Are you a licensed physician?.....  Yes  No

If yes, do you (or have you) certified the debilitating medical condition of a patient for participation in the Medical Marijuana Program?.....  Yes  No

*[Note: If you answer yes to any questions 10a-10j above, you **may** (but not necessarily will) be denied an interest in a Medical Marijuana Facility License pursuant to the Colorado Medical Marijuana Code and the Cañon City Municipal Code]*

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## PERSONAL INFORMATION

Unless otherwise provided by law in 24-72-204 C.R.S., information provided below will be treated as **CONFIDENTIAL**. We require the following personal information in order to determine your suitability for licensure pursuant to the Colorado Medical Marijuana Code and the Cañon City Municipal Code.

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### 11. Personal Identifying Information:

a. Date of Birth: \_\_\_\_\_ b. Social Security Number: \_\_\_\_\_ c. Place of Birth: \_\_\_\_\_

d. Height: \_\_\_\_\_ e. Weight: \_\_\_\_\_ f. Hair Color: \_\_\_\_\_ g. Eye Color: \_\_\_\_\_ h. Sex: \_\_\_\_\_ i. Race: \_\_\_\_\_

j. Do you have a current Driver's License?  Yes  No If so, give State and #: \_\_\_\_\_

k. Do you have a state issued ID Card?  Yes  No If so, give State and #: \_\_\_\_\_

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### 12. Financial Information:

a. Total investment being made by the applying *entity/corporation/LLC/etc.* \$ \_\_\_\_\_

b. List the total amount of *YOUR* individual investment in this business, including any notes, loans, cash, services/equipment, operating capital, fees paid, etc. \$ \_\_\_\_\_

c. **Details of *YOUR* individual investment:** Detail the source(s) of ALL amounts reported on line 12.b.

Type: Cash, services, equipment	Source: Name of Bank, Account Type and #	Amount

d. **Loan Information (attach copies of all notes or loans)**

Name of Lender & Account Number	Address	Term	Security	Amount

13. **Banking Information:** Give the name of the bank where the *business account* will be maintained, the type of account, the account number, and the name or names of persons authorized to draw thereon.

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## REQUIRED SUBMITTALS TO ACCOMPANY THIS APPLICATION

**Please submit** a copy of one of the following:

- State issued driver's license or ID card
- Passport
- Alien registration card
- Military ID
- Valid employment authorization document issued by the U.S. Dept. of Homeland Security

**Please submit** an "*Authority for Release of Information*" Form for each Individual History Form submitted.

**Please submit** copies of all notes, loans, bank statements, promissory notes, etc. of items reported on Question 12.

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OATH OF APPLICANT

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.

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

\_\_\_\_\_  
Printed or typed name

\_\_\_\_\_  
Date

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*For City of Cañon City Use Only:*

*Date copies submitted to Police Chief for Review.* \_\_\_\_\_

Chief of Police:   \_\_\_ Approved           \_\_\_ Denied

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

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
City Clerk:           \_\_\_ Approved           \_\_\_ Denied

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

Reason for denial: \_\_\_\_\_