



Office of the  
City Clerk

# City of Cañon City

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

## LICENSE APPLICATION Medical Marijuana Facilities (MMF)

**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.**

Note: This application must be completed for **each address/location** for which any Medical Marijuana Facility (MMF) operation is proposed. If all types of facilities are proposed at one location, only one Application needs to be completed.

1. Applicant is applying for (check all that apply):

- Medical Marijuana Center  
 Optional Premises Cultivation Operation  
 Medical Marijuana-Infused Product

2. Applicant is applying as:

- Corporation  Individual  
 Partnership (includes husband & wife partnerships)  Limited Liability Company

3. Applicant Name: \_\_\_\_\_

4. Trade Name: \_\_\_\_\_

5. Address of premises: \_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address (if different from business address): \_\_\_\_\_  
\_\_\_\_\_

7. Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

8. State Sales Tax Number: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

9. **Former Business Address(s)**  
If at current address for less than 5 years – attach add'l sheet if necessary)  
\_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_ Dates \_\_\_\_\_

10. **Will you be cultivating medical marijuana on site?**  Yes  No  
If no, please identify the location of the grow operation. (Note: Pursuant to the Colorado Medical Marijuana Code, this information shall be kept confidential and shall not be subject to the Colorado Open Records Act):  
\_\_\_\_\_

11. **Has the applicant (including any partners, members/managers, officers, stockholders, or directors) ever held a license for a medical marijuana facility in any other jurisdiction?**  Yes  No  
  
If yes, please identify other communities in which you have been licensed and the type of facility you operated. Include contact information for each licensing authority from whom you have held a license.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. **Who, besides the owners listed in this application, will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business.** *(Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation. May require completion of an Individual History Form)*  
  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
FEIN or SSN: \_\_\_\_\_ Interest: \_\_\_\_\_  
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(Attach separate sheet if necessary)  
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13. **Name of Manager** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(Requires submittal of Individual History Form)

14. **Does the applicant or any other person listed on this application have any outstanding debts, filings, remittances, etc., issued to them by the Colorado Department of Revenue, the City of Cañon City, or any court or jurisdiction?**  Yes  No  
  
If yes, please explain: \_\_\_\_\_

**15. If applicant is a corporation, partnership, or a limited liability company, it is required to list by position all officers and directors, general partners, managing members, all stockholders, partners (including limited partners) and members who have a 10% or greater financial interest in the applicant. All persons listed here or by attachment must submit and attach an Individual History Form.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Position/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Position/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Position/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Position/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

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*---Attach additional sheet if necessary---*

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Additional Documents to be submitted by type of entity:

Corporation       Cert. of Incorp.       Cert. of Good Standing (if more than 2 yrs old)

Partnership       Partnership Agreement (Ltd. Or General)       Husband & Wife (no written agreement)

Limited Liability Company       Articles of Organization       Operating Agreement

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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. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Medical Marijuana Code and the Medical Marijuana Regulations of the City of Cañon City.*

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**ROUTING FORM**  
**For City of Cañon City Use Only:**

Date filed w/Office of the City Clerk: \_\_\_\_\_

Cañon City Police Department (signature): \_\_\_\_\_

Cañon City Sales Tax License (signature): \_\_\_\_\_

Cañon City Building Division (signature): \_\_\_\_\_

Cañon City Planning & Zoning (signature): \_\_\_\_\_

Cañon City Area Fire District (signature): \_\_\_\_\_

Notes:

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

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