



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

Renewal License Application Medical Marijuana Facilities (MMF)

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

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

2. Applicant is a:

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. Do you cultivate 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): _____

10. Do you have legal possession of the premises by virtue of ownership, lease or other arrangements? Yes No

If yes:

Check one: Ownership Lease Lease expires: _____

11. Have you materially modified the premises during the last licensing year? (Includes moving walls, changing uses of rooms, installing new doors, windows, etc.)

Yes No

If yes, please contact the City Clerk's Office for instructions.

12. Have there been in changes in corporate officers, stock transfers, and/or new corporate officers added, subtracted, changed, etc., since your initial application?

___ Yes ___ No

If NO, skip to Question 13. If you answered yes to question 12, please complete the following information.

Applicant 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 NEW persons listed here or by attachment must submit and attach an Individual History Form, fingerprint card, and Release of Information Form.

Contact the City Clerk's office for forms and instructions.

Name: _____ Date of Birth: _____ Home Phone: _____

Home Address _____ City _____ State: _____

Position/Title: _____ % Owned: _____

Name: _____ Date of Birth: _____ Home Phone: _____

Home Address _____ City _____ State: _____

Position/Title: _____ % Owned: _____

Name: _____ Date of Birth: _____ Home Phone: _____

Home Address _____ City _____ State: _____

Position/Title: _____ % Owned: _____

Name: _____ Date of Birth: _____ Home Phone: _____

Home Address _____ City _____ State: _____

Position/Title: _____ % Owned: _____

---Attach additional sheet if necessary---

13. Is the applicant or any corporate officers, shareholders, owners, etc., in default or arrears on any tax returns, judgments to a governmental agency, government-issued student loans, payment of child support, etc?

___ Yes ___ No

If yes, explain in detail on an attached sheet.

14. Has the applicant or any of the corporate officers, shareholders, etc., been issued a citation, violation report, or been made aware in any way of non-compliance with the Colorado Medical Marijuana Act or local ordinances relative to the operation of a medical marijuana facility?

___Yes ___No

If yes, explain in detail on an attached sheet.

15. Is the applicant or any of the corporate officers, shareholders, etc., currently registered as a primary caregiver?

___Yes ___No

16. Has anyone, other than the owners, loaned or given money, inventory, furniture or equipment to or for use in this business during the last licensing year; or will anyone other than the owner(s) and those disclosed on the initial license application receive money from this business.

___Yes ___No

(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: _____

(Attach separate sheet if necessary)

17. Name of Manager _____ Date of Birth _____

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: _____