



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

SUPPLEMENTAL 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 Supplemental Application needs to be completed.

1. **Supplemental Applicant is being submitted for what type of Medical Marijuana Facility (MMF) Check all that apply for operation at the same address or location.** Note: A separate Supplemental Application must be filed for each separate location at which you intend to operate. (Example: If your business plan is to operate a center at one location, and cultivation at a second location **within Cañon City**, you will need to submit two separate Supplemental Applications.) :

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

2. **Applicant Name:** _____

3. **Trade Name:** _____

4. **Location subject of this application:** _____

5. **Have you been legally operating as, or have you submitted an application to operate, any form of MMF prior to July 1, 2010?**

Yes No

If yes, at what address: _____

If no, do you acknowledge that you may not open for business nor operate until July 1, 2011, and until obtaining both City and State licensure?

Yes No

6. Do you have, or have you applied for, a Cañon City Sales Tax license?

Have Applied for

7. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?

Yes No If yes, STOP. No one under the age of 21 may be involved in ownership or operation of a medical marijuana facility.

8. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever;

- (a) been denied a medical marijuana facility license?..... Yes No
- (b) had a medical marijuana facility license suspended or revoked?.... Yes No
- (c) had interest in another entity that had a medical marijuana facility license suspended or revoked?..... Yes No

If you answered yes to 8a, b or c, explain in detail on a separate sheet.

9. Has a medical marijuana facility license application (same license class), that was located within 1,000 feet of the proposed location, been denied within the preceding two years? If "yes," explain in detail on separate sheet. Yes No

10. Has a medical marijuana facility license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee. Yes No

QUESTIONS RELATED TO PROPOSED LOCATION

11. Is the proposed location within the C - General Business or I - Industrial Zone District?

Yes No

Unless you were operating prior to July 1, 2010 in another zoned district (i.e. "grandfathered"), if the answer is "no", STOP HERE. The proposed location does not qualify to be licensed as an MMF within Cañon City limits.

If yes, what is the zoning of the proposed location? (Circle one)

General Commercial Industrial

12. Is the location of the proposed MMF within 1,000 feet of:

(Note: Distance is measured in a straight line, without regard to intervening structures, from the closest exterior structural wall of each MMF to the nearest property line of the premises listed below.)

- a. A school..... Yes No
- b. A college campus..... Yes No
- c. A child care facility..... Yes No
- d. Another medical marijuana facility..... Yes No

(Note: If the answer is “yes”, and you are not “grandfathered”, then **STOP HERE**. The proposed location does not qualify for licensure within Cañon City limits.)

13. Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangements? Yes No

If yes

Check one: Ownership Lease Lease expires: _____

Other (Describe): _____

If leased, does the lease provide written acknowledgement and/or approval by the landlord of the operation of an MMF at the location?

Yes No

14. Square footage/occupancy:

- a. What is the total square footage of the entire facility?..... _____ square feet
- b. What is the total occupancy of the entire space?..... _____ total occupancy
- c. What is the total square footage of spaced used for each of the following activities:
 - i. Medical Marijuana Center/Retail Sales..... _____ square feet
 - ii. Cultivation/grow operations..... _____ square feet
 - iii. Manufacturing medical marijuana infused products..... _____ square feet

15. Attach a floor plan showing all interior dimensions of the licensed premises and the layout of the facility. Show principal uses of the floor areas and rooms, including labeling to identify service, activity, or use of the area. The diagram does not have to be to scale, but must include dimensions of rooms, walls, location of safe, grow rooms, doorways, etc. Drawing should be no larger than and 8-1/2 x 11 inch sheet of paper. Include separate sheets necessary to show detailed information for each room, if necessary.

SECURITY/SAFETY MEASURES

NOTE: Please answer questions 16 – 20 in detail. Attach separate sheet(s), if necessary.

16. **Please describe fully your proposed security measures.** At a minimum, you are required to provide security lighting, physical security, video/security cameras (of a quality to produce useable images with identifiable features monitoring all areas of the licensed premises with each days' recording maintained at a minimum of 120 hours at a secure off-site location), monitored user alarm system, safe, etc. To the extent you will use security guards, describe who will provide those services (employees or contractor). [Note: Outside companies providing security or alarm services must be licensed by the City of Cañon City]. Attach a separate sheet if necessary to provide a complete answer.
17. **Please describe the air filtration/ventilation system(s)** you will use to ensure that no odors associated with the sale, cultivation, manufacture, etc., of medical marijuana will emit from the licensed premises. You may attach an equipment specification sheet in lieu of description written here.

18. **Please identify what chemicals (including fertilizers, carbon dioxide tanks, etc.), and any possible hazardous materials that will be utilized on the licensed premises.** Identify the safety measures you will use to provide for the safety of employees, customers, and the community. Attach MSDS sheets for each chemical and/or hazardous material(s) to be used or stored on site.

19. **Please describe fully the measures you will take to ensure appropriate circuitry and/or power supply sources to ensure the safe operation of grow lights, etc.** (i.e. Will extension cords and power strips be utilized? How many grow bulbs will be operating at any time? What is the overall power load of the location?) Have you consulted with the Building Division of the City of Cañon City?

OTHER

20. **Please describe or attach a rendering of the signage you will use at your location.**

By my signature below, I acknowledge that I have read and understand Chapter 5.56 of the Cañon City Municipal Code (regulating Medical Marijuana Facilities) and the Colorado Medical Marijuana Code, and agree to adhere to and comply with all laws, conditions, regulations, and restrictions that are now, or may later be, adopted by the City of Cañon City or State of Colorado.

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: _____

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:

