



50 Vasquez Rd.
 PO Box 3327
 Winter Park, CO 80482
 970-726-8081
 www.wpgov.com

Phase 1 Regulated Marijuana Business License Application

Fees	
<input type="checkbox"/>	Phase 1 Application Fee = \$1750 Payable to Town of Winter Park - Nonrefundable

Applicant Business Information		
Applicant is interested in establishing a (circle one):		
Medical Marijuana Center	Retail Marijuana Store	Dual Operation - Retail/Medical Marijuana Store
Applicant is interested in entering which lottery (circle one):		
Downtown Zone (2 licenses available)	Old Town Zone (1 license available)	Both Zones
Applicant is applying as (attach organizational documents):		
<input type="checkbox"/> Corporation (<i>Certificate of Incorporation and Certificate of Good Standing or Statement of Trade Name filed with the CSOS</i>)		
<input type="checkbox"/> Limited Liability Company (<i>Articles of Organization, Operating Agreement, and Certificate of Good Standing or Statement of Trade Name filed with the Colorado Secretary of State (CSOS)</i>)		
<input type="checkbox"/> Individual (<i>Verification of Lawful Presence per State Law—signed affidavit and photo ID</i>) - Attachment A		
<input type="checkbox"/> Partnership (<i>Partnership Agreement—not needed if husband and wife</i>)		
<input type="checkbox"/> Association (<i>Attach Copy of Agreements creating association or relationship between parties</i>)		

Applicant Contact Information		
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<i>Phone Number:</i>		<i>DOB:</i>
<i>Applicant Email:</i>		
<i>Trade Name (DBA)</i>		
<i>CO Sales Tax #:</i>		<i>FEIN:</i>

Applicant Mailing Address			
<i>Street/PO Box:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>

APPLICANT NAME: _____

Applicant Ownership and Management Structure

The Applicant must provide the name, date of birth, and address of all OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, AND ANY CONTROLLING BENEFICIAL OWNERS as defined by State Law.

Check if additional information is provided on a separate sheet.

Name	Mailing Address, City, State, Zip	Date of Birth	Title	% Owned
On-Site Business Manager:		Cell Number:		

For all of the questions below, answer regarding all individuals named above. "Yes" answers may require additional or follow-up information:

Do any of the individuals listed above hold 50% or more ownership in common with another applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant the true applicant not applying on behalf of another person or entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the individuals listed above under 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the individuals listed above a sheriff, deputy sheriff, police officer, prosecuting officer, or a state or local licensing authority member, inspector or employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the individuals listed above also hold a licensed location also a retail food establishment or qualify as a wholesale food registrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above discharged a sentence for a felony conviction within the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above, at any time, been convicted of a felony for drug possession, distribution, or use, unless such felony drug charge was based on possession or use of marijuana concentrate that would not be a felony if the person were convicted of the offense on the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above employed another person at a regulated marijuana business without confirming the employee's eligibility to work in the business or whose criminal record history check revealed the employee was ineligible to work in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above made a false, misleading, or fraudulent statement on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above failed to file any tax return with a taxing agency, stay out of default on a government-issued student loan, pay child support, or remedy outstanding delinquent taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above held a regulated marijuana business license issued in another Town, Town and County or State that was revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the individuals listed above a licensed physician making patient recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above had their authority to be a primary caregiver revoked by the State Health Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Phase 1 Application Process Acknowledgment

I understand that submission of a complete Phase 1 application and associated fee is required for entry into the lottery. I further understand that incomplete or deficient applications, along with those containing disqualifying information, will not be entered into the lottery. The outcome of the lottery will determine which applicants are eligible to continue to the Phase 2 of the application process, which will be used to award Regulated Marijuana Business licenses. I understand that multiple Phase 1 applications by the same person or entity and applications by multiple entities with substantially the same ownership, as defined by Chapter 3, Title 7, of the Winter Park Town Code, are prohibited and will be rejected. I verify that I am applying on behalf of the individuals or entity shown above and for no another person or entity, and I verify that I will not transfer this application or a resulting lottery spot, if any, to a third party at any time. By signing below, I acknowledge I have read and understand the above statements and that the information contained in this application is true and correct.

I have read and understood the above statement:

Signature

Date

Printed Name

Relationship to Applicant (if applicant is an entity, specify role within entity)

State of _____
County of _____

This instrument was acknowledged before me on _____
Date

By _____

Name(s) of person(s)

Signature of Notary Public