



**TOWN OF DINOSAUR**

*TOWN OF DINOSAUR  
PO BOX 238  
DINOSAUR CO 81610  
MOFFAT*

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**MEDICAL/RETAIL MARIJUANA LICENSE  
INDEMNIFICATION AGREEMENT AND  
AFFIDAVIT OF ACKNOWLEDGEMENT**

As an applicant for a Medical/Retail Marijuana Business License, I hereby acknowledge and agree to the following:

\_\_\_\_\_ I have obtained and examined a copy of Ordinance No. 2, Series of 2017 and/or Ordinance No. 3, Series of 2017 of the Town of Dinosaur, pertaining to zoning and licensing and I agree to abide by and conform to all of the conditions of the Medical/Retail Marijuana Business License requirements.

\_\_\_\_\_ I understand and acknowledge that the approval of the Medical/Retail Marijuana Business License, if granted, shall in no way permit any activity contrary to the Ordinances of the Town of Dinosaur or any activity which is in violation of any applicable laws.

\_\_\_\_\_ I understand that the applicant and the employees of the Medical/Retail Marijuana Business Licensee may be subject to prosecution under federal marijuana laws.

\_\_\_\_\_ I understand that the Town of Dinosaur accepts no legal liability in connection with the approval and subsequent operation of the Medical/Retail Marijuana business.

\_\_\_\_\_ I understand that if a Medical/Retail Marijuana Business License is issued, it is valid for a period of one (1) year from the date of issuance. I further understand it is the Licensee's responsibility to submit an application for renewal of the License no later than forty-five (45) days and no sooner than ninety (90) days prior to the date of expiration if such renewal is desired.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_