



**TOWN OF DINOSAUR**

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

PHONE: 970-374-2286  
FAX: 970-374-2223

Date Received by Town Clerk \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Application Fee Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ (See fee schedule below)  
Operating Fee Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ (To be paid upon issuance)  
Application Received By: \_\_\_\_\_

**Retail Marijuana Facility Fee Schedule**

New application for retail marijuana store	\$5,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license for retail marijuana cultivation facility	\$4,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license for retail marijuana manufacturing facility	\$4,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license for retail marijuana testing facility	\$3,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
Renewal of existing retail marijuana establishment license	\$2,500.00
Annual Operating Fee	\$2,000.00 (1/2 of such operational fee shall be refunded if initial application is withdrawn or if initial license is not issued by Town)

### Medical Marijuana Center Fee Schedule

New license application for medical marijuana center	\$5,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license application for optional premises cultivation operation	\$4,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
New license for medical marijuana-infused manufacturing operation	\$4,000.00 (1/2 of such license fee shall be refunded to applicant if application is withdrawn or if license is not issued by the Town)
Renewal of existing medical marijuana business license	\$2,500.00
Transfer of Ownership	\$5,000.00

### Medical/Retail Marijuana Facility License Application

**Please choose ONE of the following:**

- Retail Marijuana Store     
  Retail Cultivation Facility     
  Retail Product Manufacturing Facility  
 Retail Testing Facility     
  Transfer Retail License/Ownership     
  Renewal of Retail License  
 Optional Premises Cultivation Operation (Medical)     
  Medical Marijuana Center (Dispensary)  
 Medical Marijuana-Infused Product Manufacturer     
  Transfer Medical License/Ownership  
 Renewal of Medical License     
  Modification of Premises

**Name of Applicant:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Last                      First                      Middle

*(If applicant is a corporate entity, LLC or partnership, please list the name of said entity and the name(s) of the manager or Primary Caregiver who will be responsible for operating the medical/retail marijuana business. Also list the names and addresses of any person(s) that has an interest therein. Please see required attachment list for documentation requirements.)*

Social Security Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street City State

E-mail Address: \_\_\_\_\_@\_\_\_\_\_

If the applicant is a naturalized citizen, when did he or she become a resident of the State of Colorado? \_\_\_\_\_

The Applicant shall present one (1) of the following forms of identification:

- An identification card issued in accordance with Section 42-2-302 C.R.S.;
- A valid Colorado Driver's License;
- A valid driver's license containing a picture issued by another state;
- A United States military identification card;
- A valid passport; or
- An alien registration card.

Trade Name (d/b/a) of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street Unit #

Business Phone: \_\_\_\_\_ Mailing Address \_\_\_\_\_

Colorado Sales Tax I.D. Number \_\_\_\_\_

Are the premises owned or rented? \_\_\_\_\_

If rented, name of property owner: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Property Owner's Phone Number \_\_\_\_\_  
*(Please see required attachment list for premises documentation requirements.)*

Name of Operating Manager or Proposed Manager: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street City State

Is the applicant or associated partners (if a partnership); Member or Manager (if a limited liability company); officers, stockholders or directors (if a corporation); facility manager, or employees under the age of twenty-one?

- YES
- NO

Has the applicant or associated partners (if a partnership); Member or Manager (if a limited liability company); officers, stockholders or directors (if a corporation); facility manager, or employees ever:

-Been denied a medical/retail marijuana license of any kind? If so, explain:

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-Had a license suspended or revoked? If so, explain:

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-Been convicted, entered a plea of nolo contendere or entered a plea of guilty in conjunction with any crime (felony, misdemeanor, petty offense or traffic offense which carries 8 points or more) if so, describe the charge and disposition of the case:

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*(Please see required attachment list for Affidavit Concerning Criminal History requirements.)*

Applicant **must list** all persons having a financial interest in a medical/retail marijuana business. If Applicant is a corporation, partnership, association or limited liability company, Applicant **must list** ALL OFFICERS, DIRECTORS, PARTNERS, MEMBERS AND MANAGING MEMBERS OF THE ENTITY, AS APPLICABLE TO THE PARTICULAR ENTITY, AS WELL AS EACH PERSON HAVING A FINANCIAL INTEREST IN THE ENTITY. For purposes of this requirement and the following question regarding felony convictions, a “financial interest” means any ownership interest including, without limitation, a membership, directorship, officership or any creditor interest, whether or not such interest is evidenced by any written document.

ALL PERSONS LISTED BELOW MUST COMPLETE A MEDICAL/RETAIL MARIJUANA BUSINESS LICENSE BACKGROUND CHECK AND MUST BE FINGERPRINTED by a Police Department. If necessary, provide additional information on a separate sheet.

NAME	HOME ADDRESS, CITY, STATE, ZIP	DOB	POSITION	%OWNED

Applicants’ initials indicate acknowledgement that the Town accepts no legal liability in connection with the approval and subsequent operation of the Medical Marijuana Center, Optional Premises Marijuana Cultivation Operation, or Retail Marijuana Cultivation Facility.  
 Initials \_\_\_\_\_

**OATH OF APPLICANT**

*I declare under penalty of perjury in the second degree that this application and all required 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 Retail Marijuana Code, Article 43.4 of Title 12, C.R.S. (if applicable), the Colorado Medical Marijuana Code, Article 43.3 of Title 12, C.R.S. (if applicable) and Ordinance No. 2, Series of 2017 and/or Ordinance No. 3, Series of 2017, that will affect my license.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_