

MEDICAL MARIJUANA PERMIT SUBMITTAL REQUIREMENTS AND PROCESSING INFORMATION



The following documents/information must be submitted as part of the Medical Marijuana Permit application:

- Completed City permit application together with all application forms and attachments required by the Colorado Medical Marijuana Code in Article 43.3 of Title 12, C.R.S. and Rules promulgated by the Colorado Department of Revenue.
- Background investigation forms for applicant, manager, all employees and any others required by the Colorado Medical Marijuana Code in Article 43.3 of Title 12, C.R.S. and Rules promulgated by the Colorado Department of Revenue.
- Complete set of fingerprints for applicant, manager, all employees and any others required by the Colorado Medical Marijuana Code in Article 43.3 of Title 12, C.R.S. and Rules promulgated by the Colorado Department of Revenue.
- Indemnification Agreement and Affidavit of Acknowledgement
- Documentation addressing compliance with medical marijuana regulations.
- Plans of business premises including surveillance cameras placement; location of locking safe; exterior lighting; and, any other building information required by the Glenwood Springs Municipal Code and/or the Colorado Medical Marijuana Code in Article 43.3 of Title 12, C.R.S. and Rules promulgated by the Colorado Department of Revenue.
- Property Owner Affidavit (if applicable)
- Applicable fees (see attached fee schedule) payable to the City of Glenwood Springs.
- Additional information that may be required in order to comply with the Glenwood Springs Municipal Code.

Following is an overview of the processing steps for a Medical Marijuana Permit:

- 1) The first step in obtaining a Medical Marijuana Permit is to submit a completed application and all required attachments to the City Clerk.
- 2) Medical marijuana centers, infused products manufacturers and/or cultivation operations are only allowed in certain locations within the City of Glenwood Springs. If you have questions about your proposed location, please contact the Community Development Department (970-384-6411) to verify that the proposed location complies with the City's zoning regulations.

- 3) The application requires a complete set of fingerprints to be submitted for the applicant, manager, employees and certain corporate officers, directors, shareholders, etc. Fingerprints can be taken at the Police Department (101 W 8th Street, Garden Level). A cashier's check or money order payable to the Colorado Bureau of Investigation in the amount of \$38.50 and \$20.00 check or cash payable to the City of Glenwood Springs must be remitted for the fingerprint processing fee.
- 4) A criminal background history will be conducted by the Colorado Department of Revenue or the Glenwood Springs Police Department on the applicant, manager, employees and certain corporate officers, directors, shareholders, etc. It is important that information contained within the application and attachments is complete and accurate. **Any misrepresentations or omissions could affect the issuance of a permit.**
- 5) If interior or exterior changes are proposed to the tenant space or building, the applicant will need to contact the Building and Planning Departments (907-384-6411) for information related to applicable building codes and necessary permits.
- 6) If a sign is proposed, a Sign Permit may be required. Signs shall comply with Title 070.060 of the Glenwood Springs Municipal Code. Contact the Community Development Department (970-384-6411) for information on sign regulations and permitting.
- 7) The applicant must obtain a City of Glenwood Springs Business and Sales Tax License. Questions regarding a business license and the reporting of sales tax should be directed to the Sales Tax Coordinator in the Finance Department (970-384-6420).
- 8) The completed application will be reviewed by all relevant City departments or agencies to determine if the permit should be issued or denied. The City Clerk may impose conditions on the issuance of a permit as necessary.
- 9) The City Clerk will make a decision on the application within thirty (30) days of the receipt of the completed application unless the investigation period is extended. The applicant will be notified in writing if such an extension of time is needed. The City Clerk will mail a copy of her decision to the applicant within three (3) business days of rendering the decision. Questions regarding the status of the application should be directed to the City Clerk's office.

Important Phone Numbers:

City Clerk Office: Application	970-384-6403
Finance Office: Sales Tax and Business Licenses	970-384-6420
Police Department: Fingerprint Appointments:	970-384-6500
Planning, Permits and Building Inspector: Zoning/Location, Building Inspection and Sign Permits	970-384-6411

CITY OF GLENWOOD SPRINGS
MEDICAL MARIJUANA LICENSING FEES
MAKE CHECKS PAYABLE TO: CITY OF GLENWOOD SPRINGS
 (Fees to Colorado Department of Revenue can be found under separate cover.)



LICENSE FEES

◇	APPLICATION FEES (non-refundable):	
	Medical Marijuana Center	\$1,000.00
	Medical Marijuana-Infused Products Manufacturer	\$1,000.00
	Optional Premises Cultivation Operation	\$1,000.00
◇	NEW LICENSE FEES:	
	Medical Marijuana Center	\$1,000.00
	Medical Marijuana-Infused Products Manufacturer	\$1,000.00
	Optional Premises Cultivation Operation	\$1,000.00
◇	LICENSE RENEWAL FEES:	
	Medical Marijuana Center	\$850.00
	Medical Marijuana-Infused Products Manufacturer	\$850.00
	Optional Premises Cultivation Operation	\$850.00
◇	MANAGER'S REGISTRATION:	\$100.00
◇	FINGERPRINTS (Glenwood Springs PD)	\$ 20.00/per person
◇	BACKGROUND INVESTIGATION	\$100.00/per person
◇	CHANGE OF OWNERSHIP (same as new license/application fees above)	
◇	CHANGE OF LOCATION (same as new license/application fees above except fingerprint and background investigation fees waived if no changes from last application and no violations)	
◇	MODIFICATION OF PREMISES	\$175.00
◇	CHANGE OF CORPORATE STRUCTURE:	\$150.00
◇	DUPLICATE LICENSE	\$ 25.00
◇	CHANGE OF TRADE NAME:	\$ 25.00

Please contact the Glenwood Springs City Clerk's office with any questions on the computation of fees:

Robin S. Unsworth, CMC
 City Clerk
 970-384-6403 (office)
 970-945-5023 (fax)
 robin.unsworth@cogs.us

City of Glenwood Springs
 101 W. 8th Street
 Glenwood Springs, CO 81601



MEDICAL MARIJUANA PERMIT APPLICATION

Name of Applicant: _____ Date of Birth: _____
Last First Middle

(If Applicant is a corporate entity, please list the name of the corporate entity and the name of the manager or Primary Caregiver who will be responsible for operating the medical marijuana business)

Social Security Number: _____ Home Phone Number: _____

Home Address: _____ Zip Code: _____
Street City State

E-mail Address: _____ @ _____

Trade Name (or D/B/A) of Establishment: _____

Address of Establishment: _____ Zip Code: _____
Street Unit #

Business Phone: _____ Are the premises owned or rented? _____

If rented, name of property owner: _____

Lease Expiration Date: _____ Property Owner's Phone Number: _____

Provide a complete description of the site for which the permit is being requested:

Colorado Sales Tax Number: _____ Glenwood Springs Sales Tax Number: _____

State the Hours of Operation each day:

Monday	_____	to	_____	Friday	_____	to	_____
Tuesday	_____	to	_____	Saturday	_____	to	_____
Wednesday	_____	to	_____	Sunday	_____	to	_____
Thursday	_____	to	_____				

I declare under the penalty of perjury, that this application, including the background investigation and authorization forms, and any accompanying statements has been examined by me and to the best of my knowledge and belief are true, correct and complete. I also declare that I have reviewed a copy of Article 050.080 and other pertinent provisions of the Glenwood Springs Municipal Code pertaining to Medical Marijuana.

Signature of Applicant: _____ Date: _____

For Office Use:

Application Date: _____ New Application: _____ Renewal Application: _____

Application Fee Paid: _____ (\$1,000 non-refundable application fee)



**MEDICAL MARIJUANA
BACKGROUND INVESTIGATION FORM - APPLICANT**

PLEASE TYPE OR PRINT LEGIBLY
ATTACH A SEPARATE SHEET IF NECESSARY

Name of Individual (Last, First, Middle): _____

List any other names you have used: _____

Residence Address: _____

Social Security Number: _____ Date of Birth: _____

Trade Name of Establishment: _____

Address of Establishment: _____

Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No If yes, explain in detail:

A complete set of fingerprints are required and can be taken at the Glenwood Springs Police Department, 101 W. 8th Street, Garden Level, between the hours of 8:00 a.m. to 5:00 p.m. Monday through Friday.

Pursuant to the Colorado Medical Marijuana Code, the Colorado Department of Revenue and/or the Glenwood Springs Police Department may obtain and review a criminal background records search on the applicant from the Colorado Bureau of Investigation. Applicants who have been previously convicted of a felony violation related to the sale, possession, or use of a scheduled control substance are not eligible for a Medical Marijuana Permit.

Approval cannot be obtained without initialing the following acknowledgements.

_____ I have read and I understand the above statement. I further acknowledge that I have read the Colorado Medical Marijuana Code, and Article 050.080 as well as related portions of the Glenwood Springs Municipal Code, pertaining to Medical Marijuana.

_____ As an applicant for a Medical Marijuana Permit within the City of Glenwood Springs, I hereby authorize the release of any and all information of a confidential or privileged nature to the City of Glenwood Springs Police Department and its agents.

_____ I hereby release the City of Glenwood Springs, its officers, elected officials, employees, attorneys, and agents from any liability or damage which may result from furnishing the information requested.

_____ I further certify the facts contained within this Background Investigation Form are true and correct and I understand that any falsification, misrepresentation or deliberate omission will affect the issuance of a permit.

Applicant's Signature

Date

**MEDICAL MARIJUANA
BACKGROUND INVESTIGATION FORM
FOR MANAGERS AND EMPLOYEES**



PLEASE TYPE OR PRINT LEGIBLY
ATTACH A SEPARATE SHEET IF NECESSARY

Name of Individual (Last, First, Middle): _____

List any other names you have used: _____

Residence Address: _____

Social Security Number: _____ Date of Birth: _____

Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No If yes, explain in detail:

A complete set of fingerprints are required and can be taken at the Glenwood Springs Police Department, 101 W. 8th Street, Garden Level, between the hours of 8:00 a.m. to 5:00 p.m.

Pursuant to the Colorado Medical Marijuana Code, the Glenwood Springs Police Department and/or the Colorado Department of Revenue will obtain and review a criminal background records search on the manager and employers of a Medical Marijuana business from the Colorado Bureau of Investigation. A Medical Marijuana business may not employ any managers or employees who have been previously convicted of a felony violation related to the sale, possession, or use of a scheduled control substance.

Approval cannot be obtained without initialing the following acknowledgements.

_____ I have read and I understand the above statement. I further acknowledge that I have read the Colorado Medical Marijuana Code, Article 050.080 as well as related portions of the Glenwood Springs Municipal Code, pertaining to Medical Marijuana.

_____ I hereby authorize the release of any and all information of a confidential or privileged nature to the City of Glenwood Springs Police Department and its agents.

_____ I hereby release the City of Glenwood Springs, its officers, elected officials, employees, attorneys, and agents from any liability or damage which may result from furnishing the information requested.

_____ I further certify the facts contained within this Background Investigation Form are true and correct and I understand that any falsification, misrepresentation or deliberate omission will affect the issuance of a permit.

Signature Date



**MEDICAL MARIJUANA PERMIT
INDEMNIFICATION AGREEMENT AND
AFFIDAVIT OF ACKNOWLEDGEMENT**

As an applicant for a Medical Marijuana Permit, I hereby acknowledge and agree to the following:

_____ I have obtained and examined a copy of Article 050.080 and pertinent provisions of the Glenwood Springs Municipal Code pertaining to zoning and business licensing, and I agree to abide by and conform to all of the conditions of the Medical Marijuana Permit requirements and all provisions of the Glenwood Springs Municipal Code.

_____ I understand and acknowledge that the approval of the Medical Marijuana Permit, if granted, shall in no way permit any activity contrary to the Glenwood Springs Municipal Code or any activity which is in violation of any applicable laws.

_____ I understand that the applicant and the employees of the medical marijuana permittee may be subject to prosecution under federal marijuana laws.

_____ I understand that the City accepts no legal liability in connection with the approval and subsequent operation of the medical marijuana business.

_____ I understand that if a medical marijuana permit is issued, it is valid for a period of two (2) years from the date of issuance. I further understand it is the permittee's responsibility to submit an application for the renewal of the permit no later than forty-five (45) days prior to the date of expiration if such renewal is desired.

_____ I understand that by accepting a permit issued pursuant to Article 050.080 of the Glenwood Springs Municipal Code, the permittee agrees to release the City, its officers, elected officials, employees, attorneys, and agents from any liability for injuries, damages, or liabilities of any kind that result from any arrest or prosecution of permittee's owners, operators, employees, clients or customers for a violation of state or federal laws, rules or regulations.

_____ I understand that by accepting a permit issued pursuant to Article 050.080 of the Glenwood Springs Municipal Code, the permittee, jointly and severally if more than one, agrees to indemnify and defend the City, its officers, elected officials, employees, attorneys, agents, insurers, and self-insurance pool against all liability, claims, and demands, on account of injury, loss, or damage, including, without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the operation of the medical marijuana business that is the subject of the permit. The permittee further agrees to investigate, handle, respond to, and to provide defense for and defend against, any such liability, claims, or demands at its expense, and to bear all other costs and expenses related thereto, including court costs and attorney fees.

Applicant's Signature

Date



**MEDICAL MARIJUANA
ATTACHMENT TO PERMIT APPLICATION
PROPERTY OWNER AFFIDAVIT**

Name of applicant: _____

Business name: _____

Proposed business location: _____

I, _____, hereby state that I am the owner of record of the property located at _____, Glenwood Springs, Colorado, and further acknowledge that by signing this affidavit I authorize the submission of the application for a Medical Marijuana Permit at said location.

Signature of Property Owner Date

STATE OF _____)

COUNTY OF _____)

Sworn to before me this ____ day of _____, 20____,
by _____.

Notary Public

My Commission Expires: _____



AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a Medical Marijuana Permit or a position within the permitted premises, I am required to provide information regarding my background, including any criminal activity. In this regard, I hereby authorize the City of Glenwood Springs to make any and all appropriate inquiries regarding the above mentioned qualifications. Moreover, I authorize those persons or organizations selected by the City of Glenwood Springs to release any and all information that they may have concerning me, including information of a confidential nature.

I hereby release you, your organization, agents, employees or others from any liability or damage which may result from furnishing information herein requested.

Print full legal name of applicant: _____

Signature of applicant: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, _____

Notary Public

My commission expires: