



FREMONT COUNTY  
MEDICAL MARIJUANA BUSINESS LICENSE

APPLICATION  
(Revised 2016)

1. Applicant: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_  
Email Address: \_\_\_\_\_
2. Trade Name of Business (d.b.a.): \_\_\_\_\_
3. Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_
4. Physical Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_
5. Mailing Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Business Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_  
Email Address: \_\_\_\_\_
7. Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

COUNTY STAFF MEMBERS ARE NOT PERMITTED TO PROVIDE LEGAL ADVICE REGARDING THE MARIJUANA BUSINESS LICENSE APPLICATION PROCESS. APPLICANTS SHOULD CAREFULLY REVIEW ALL LOCAL REGULATIONS PRIOR TO SUBMISSION.

Revised MMJ Regulations: [www.fremontco.com](http://www.fremontco.com) or [www.fremontco.com/planningandzoning](http://www.fremontco.com/planningandzoning)

Any local license issued under these regulations shall be valid for a period of one (1) year from the date of issuance. Applications for renewals shall be processed in the same manner as new licenses under these regulations. A licensee shall submit a renewal application at least forty-five (45) days before the expiration of the license. Upon denial or revocation of a State license, any license issued under these regulations shall be null and void. If a court of competent jurisdiction determines that the issuance of local licenses violates

any State or federal law, all licenses issued under these regulations shall be deemed immediately revoked by operation of law, with no ground for appeal or other redress on behalf of the licensee.

It is recommended that applicants familiarize themselves with Fremont County regulations relating to marijuana licensing, including zoning codes, building codes, and licensing regulations. Material that may be helpful to this review can be found at:

[www.fremontco.com/planningandzoning](http://www.fremontco.com/planningandzoning)  
[www.fremontco.com/building](http://www.fremontco.com/building)

Department of Planning and Zoning (a fee will be charged for hard copies)  
615 Macon Ave, Room 210  
Cañon City, CO 81212

If the application is approved by the Authority, applicants will receive an Approval Letter that the Applicant may use to obtain a State License. Upon the issuance of the State License, the Applicant shall provide a copy to the Authority whereupon the official Local License will be issued. The Applicant shall NOT begin any business operation for the purpose of cultivation, manufacture, or sale of marijuana until after licenses have been issued by both the State and Authority. Both licenses must be posted in a conspicuous location, visible to the public within the premises.

This application is for the following License Type (*check only one*):  
**Note: A separate license application is required for each license type.**

- Medical Marijuana Center (MMC)
- Medical Marijuana Optional Premises Cultivation (OPC)
- Medical Marijuana-Infused Product Manufacturer (MIP)
- Transfer of Ownership
- Change of Location
- Modification of Premises

Zone districts that allow:

MMC: Business, Rural Highway Business, Neighborhood Business

OPC: any zone district that allows Commercial Greenhouse (see Article 7 (c) of the Licensing Requirements)

MIPs: Business (SRU required), Industrial, Industrial Park

### **Application and License Fees**

A. The application fee for local licenses shall be:

- |  |             |
|--|-------------|
| 1. Medical Marijuana Center:                         | \$5,000.00  |
| 2. Optional Premises Cultivation:                    | \$5,000.00  |
| 3. Medical Marijuana-Infused Products Manufacturing: | \$5,000.00  |
| 4. Change of Location:                               | \$5,000.00  |
| 5. Public Hearing additional fee:                    | \$ 250.00   |
| 6. Fee for Renewal Application shall be              | \$2,500.00. |

All Application fees are nonrefundable.

B. The annual business license fee for local licenses shall be:

- 1. Medical Marijuana Center: \$5,000.00
- 2. Optional Premises Cultivation: \$5,000.00
- 3. Medical Marijuana-Infused Products Manufacturing: \$5,000.00
- 4. Change of Location: \$5,000.00

All license fees are due at the time an application is submitted. Each county medical marijuana license shall be associated with a particular site or location, regardless of the number of state licenses affiliated with such site or location. If an application is denied, an Applicant may request that the Authority refund the license fee after the denial appeal period has expired or after the completion of the denial appeal process, whichever is later.

C. Administrative Fees for medical marijuana businesses shall be:

- 1. Change of corporation or LLC structure: \$50.00 per person
- 2. Change of trade name: \$50.00
- 3. Modification of Premises: \$500.00 (includes public hearing)
- 4. Re-inspection fee for 3rd and each subsequent inspections during Application and Licensing process: \$250.00
- 5. Transfer of Ownership: \$500.00

All administrative fees shall be due at the time each applicable request is made. If a public hearing is not required for a proposed modification of licensed premises, the fee shall be reduced to \$250.00.

### **MARIJUANA BUSINESS LICENSE APPLICATION REQUIRED EXHIBIT CHECKLIST**

The following are required documentation that must accompany an application. Incomplete applications will be returned with instructions as to which documents are required for completion. Failure to provide the documents below or the documents deemed necessary by the Authority in sufficient detail to determine full compliance with State and Local Regulations shall be grounds for denial of the application. **Exhibits shall be marked in the lower right-hand corner and provided in the order identified below.**

All exhibits must be properly executed and must correspond exactly with the applicant's name. All documents must be typed or legibly printed in ink. Submit an original and two (2) copies of the entire application and attachments.

Submit the completed application packet to Fremont County Department of Planning and Zoning, 615 Macon Ave, Room 210, Cañon City, CO 81212. Applications should be delivered physically. Electronic versions will not be accepted.

- 1. Zoning Verification form. **Exhibit 1.1** (form available at Planning & Zoning Office or at <http://www.fremontco.com/planningandzoning/zoningverificationform.shtml> )
- 2. Detailed legal description of the precise location of the proposed MMC, OPC, or MIPs. **Exhibit 2.1**
- 3. Fremont County Planning Department confirmation that the use is permitted in the zone district proposed and the owner or operator has obtained all required approvals under the Fremont County Zoning Resolution as determined by the Planning Director. For Medical Marijuana licenses of any type, the applicant shall provide a map showing the following uses that are located within 1,000

feet of the proposed licensed premises: residence, medical marijuana centers, drug or alcohol treatment or rehabilitation facilities, public community centers or publically owned or maintained buildings open for use to the general public, any public school or private school, any principal campus of a college, university, or seminary, public park or public playground, and licensed residential child care facility. If the proposed licensed premises is a medical marijuana center, the map must show the distance of these uses from the proposed location, computed by direct measurement from the nearest portion of the building used for the marijuana business to the nearest property line of the land used for a drug or alcohol treatment facility, public community center, public building, school or campus, or residential child care facility, using a route of direct pedestrian access. **Exhibit 3.1**

4. Lawful Presence Affidavit. **Exhibit 4.1** (included with application)

5. Fremont County Building Official confirmation that the proposed structure and use comply with all applicable building code provisions and all necessary building permits have been obtained. To obtain such letter, the applicant shall provide a detailed floor plan layout drawn to scale which clearly reflects the uses, functions, and operations within the building. The plan shall show mechanical functions such as cooling and ventilation systems, filters and discharge systems and locations, heating systems, grow light configurations, wall construction and separation from other occupants, and any other information necessary as determined by the Building Official. **Exhibit 5.1**

6. Submission of a detailed site plan, showing at a minimum the location of all buildings, structures, fencing, grow areas, processing areas, storage areas, parking areas, septic fields, driveways, access points to public rights-of-way and any other items that may be used for the purpose of the medical marijuana cultivation or business. (Drawing must be done to professional standards). **Exhibit 6.1**

7. Submission of a detailed report on the effective mitigation of any odors of the proposed operation or the mitigation and rectification of any past odors reported from the activity. Such report shall include proof that the design for the purification of air and odor shall have been either prepared or approved by a professional licensed mechanical engineer, or other acceptable professional, to the standards contained in the International Mechanical Code, or other acceptable industry standard, requiring proper ventilation systems so that odors are filtered and do not materially interfere with adjoining properties. The off-site odor from a cultivation site, indoor or outdoor shall not exceed a ratio of 7-1, where one volume of odor is detectable with seven volumes of non-odorous air, when measured from any location along the property lines for the site, as measured by any instrument, device or method designated by the Colorado Air Pollution Division. Outdoor cultivation facilities shall be exempt from odor mitigation requirements, but any activities conducted inside a structure in conjunction with an outdoor cultivation facility shall have an Authority-approved odor mitigation plan in place. **Exhibit 7.1**

8. Submission of a lighting plan that prevents the beams or the rays from any light source, including indoor greenhouse lighting, from being directed toward or onto adjacent residential properties. Shielding of lighting, or other requirements, may be required to mitigate impacts on surrounding properties. All light sources used for operations, advertising, security or safety purposes shall be arranged or shielded in such a manner so that by its degree of intensity or duration of operation, it does not unnecessarily or unreasonably disturb the comfort and repose of the adjoining or neighboring landowners. **Exhibit 8.1**

<input type="checkbox"/>	9. Submission of a letter or Tax Certificate from the Fremont County Treasurer showing that all property taxes have been paid and no tax liens exist on the property. <b>Exhibit 9.1</b>
<input type="checkbox"/>	10. A copy of the applicant’s applicable state sales tax license. (MMC applicants only) <b>Exhibit 10.1</b>
<input type="checkbox"/>	11. Submission of proof of the right to possess the proposed licensed premises for the duration of the license. <b>Exhibit 11.1</b>
<input type="checkbox"/>	12. Submission of proof of notification ( <b>by certified return receipt</b> ) to the appropriate fire and law enforcement personnel describing the location and nature of the proposed business. <b>Exhibit 12.1</b>
<input type="checkbox"/>	13. Disclosure of violations of any state or local marijuana regulations (regardless of jurisdiction). If the Applicant has violated any State Regulations or Local Regulations during any previous licensed terms, submission of a detailed description on how the applicant has satisfactorily corrected and mitigated any such past violation. <b>Exhibit 13.1</b>
<input type="checkbox"/>	14. Submission of proof that all State Regulations; including, but not limited to: disclosures related to ownership of the proposed business, fingerprints of the applicants, background investigation, building plans, and security plans have been satisfied. <b>Exhibit 14.1</b>
<input type="checkbox"/>	15. Submission of any additional materials that, in the discretion of the Authority, is necessary to make a determination under these regulations. <b>Exhibit 15.1</b>
<input type="checkbox"/>	16. For cultivation and medical marijuana infused product manufacturing facilities, submission of detailed information regarding the source(s) of an adequate water supply for the proposed business. Businesses that rely on hauling water, in part or in total, may be assessed a fee for impact to county roads used as a route for hauling water. <b>Exhibit 16.1</b> All OPC and MIP applicants must complete and submit with the application the Fremont County Colorado Division of Water Resources Information Form for Medical Marijuana Optional Premises Cultivation and/or Marijuana Infused Products (included with application).
<input type="checkbox"/>	17. Submission of proof of a valid occupational license for all individuals who possess, cultivate, manufacture, test, dispense, sell, serve, transport, or deliver Medical Marijuana and for any person who has the authority to access or input data into the Marijuana Inventory Tracking Solution (MITS) or another officially-approved Medical Marijuana Business point of sale system. A copy of all licenses and proof of plant count numbers must be made available on-site in an organized designated location made ready for review at any time. <b>Exhibit 17.1</b>
<input type="checkbox"/>	18. For optional premises cultivation and medical marijuana-infused products manufacturing license application, information about which medical marijuana center(s) is(are) associated with the business. <b>Exhibit 18.1</b>
<input type="checkbox"/>	19. For medical marijuana centers, there shall be no advertising signs other than one (1) flush wall sign, door placard or window sign on the front of the medical marijuana business structure. No sign associated with a medical marijuana center shall use the word “marijuana,” “Cannabis,” or any other word or phrase commonly understood to refer to marijuana unless such word or phrase is immediately preceded by the word “medical” or the message of such sign includes the words “for medical purposes” in letters no smaller than the largest letter on the sign. Off-site signage is prohibited. <b>Exhibit 19.1</b>
<input type="checkbox"/>	20. A copy of a marijuana management plan detailing the training program for employees and staff that shall contain, at a minimum, educational and operational standards on the prevention of sale

or distribution of marijuana products to anyone under the age of twenty-one (21) years old. Such plan should detail any efforts being made or proposed to be made by the applicant to educate the community or otherwise participate in community outreach regarding the topic and underage marijuana use. **Exhibit 20.1**

- 21. A plant count report with the maximum number of plants to be grown and the patient card numbers associated with the plant numbers. **Exhibit 21.1**

Once the Authority has completed its review of an application, it shall either issue an approval or a denial letter that specifies the reasons for the decision. Within ten (10) days of a denial letter, the applicant may request that the Authority reconsider its decision by submitting a letter to the Authority clearly stating the grounds for the request. In response, the Authority may deny the request, issue a revised denial letter, or issue an approval.

The decision of the Fremont County Planning Director under these Local Regulations that the use is not permitted or that the applicant has not obtained the required approvals for the business operation under these Local Regulations, State Regulations, or the Fremont County Zoning Resolution and Building Codes shall constitute a final administrative officer or agency decision appealable to the Fremont County Board of Zoning Adjustment pursuant to the applicable provisions of the Fremont County Zoning Resolution.

**By signing this Application, the Applicant, or the agent/representative acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of Applicant’s knowledge and belief.**

**Applicant understands that any required private or public improvements imposed as a contingency for approval of the application may be required as a part of the approval process.**

**Fremont County hereby advises Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of Commissioners may take any and all reasonable and appropriate steps to declare actions of the Board and/or the Department regarding the Application to be null and void.**

**Signing this Application is a declaration by the Applicant to conform to all plans, drawings, and commitments submitted with or contained within this Application, provided that the same is in conformance with the Fremont County Zoning Resolution.**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Printed Name



## AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (**check one**):

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date