



City of Aurora
 Tax and Licensing
 15151 E. Alameda Parkway, Suite 1100
 Aurora, CO 80012
 (303) 739-7057
www.auroragov.org

REGISTRATION/LICENSE FEE: \$49.25

**PAYABLE TO CITY OF AURORA
 APPLY ONLINE AND SAVE \$10.00**

Special licenses may require additional applications and license fees.
 This fee does not apply when submitted with a liquor license application or some supplemental license applications.

APPLICATION FOR BUSINESS LICENSE INCLUDING SALES AND USE TAX AND OCCUPATIONAL PRIVILEGE TAX REGISTRATION

THIS APPLICATION MUST BE COMPLETED IN FULL WITH ANY REQUIRED DOCUMENTATION AND FEE.

Anyone conducting business activities in Aurora, regardless of the physical location of the business, is required to obtain an Aurora business license. Aurora licenses are location specific. A separate license is required for each location within the city of Aurora. Business Licenses are not transferable. Any change in ownership requires the completion of a new application. If you cease business activities in Aurora or change your business location, mailing address and/or telephone number(s), you must notify Tax and Licensing within 30 days of the change.

| | |
|------------------------|---|
| LEGAL STRUCTURE | <p>PLEASE SELECT ONE OF THE FOLLOWING TYPES OF OWNERSHIP AND COMPLETE THE APPROPRIATE SECTION BELOW.</p> <p><input type="checkbox"/> SOLE PROPRIETOR (INDIVIDUAL)</p> <p>OR</p> <p><input type="checkbox"/> OTHER LEGAL ENTITY REGISTERED WITH THE SECRETARY OF STATE (SELECT ONE BELOW)</p> <p style="padding-left: 40px;"> <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP (INCLUDING GENERAL, LP, LLP, LLLP, LPA) </p> <p style="padding-left: 40px;"><input type="checkbox"/> 501(c)3 ORGANIZATION (ATTACH IRS DETERMINATION LETTER)</p> <p>LEGAL NAME OF ENTITY: _____</p> <p>STATE ENTITY ID# (WWW.SOS.STATE.CO.US) _____</p> |
|------------------------|---|

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|--|---|--------------------|---|
| BUSINESS INFORMATION | TRADE NAME OF BUSINESS (DOING BUSINESS AS): | | |
| | BUSINESS LOCATION ADDRESS (CANNOT ACCEPT PO BOX-TYPE ADDRESSES FOR BUSINESS LOCATION): | | |
| | STREET | UNIT # | CITY |
| | STATE | ZIP CODE | |
| | IF LOCATED IN AURORA, IS BUSINESS IN: <input type="checkbox"/> COMMERCIAL OR RETAIL BUILDING <input type="checkbox"/> PRIVATE RESIDENCE | | |
| | MAILING ADDRESS FOR BUSINESS LICENSE, IF DIFFERENT THAN LOCATION: | | |
| | MAILING ADDRESS FOR SALES & USE TAX RETURN, IF DIFFERENT THAN LOCATION: | | |
| | MAILING ADDRESS FOR OCCUPATIONAL PRIVILEGE TAX RETURN, IF DIFFERENT THAN LOCATION: | | |
| | BUSINESS E-MAIL ADDRESS: | | |
| | BUSINESS LOCATION PHONE #: | | ALTERNATE PHONE #: (PLEASE CIRCLE ONE: HOME, CELL, CORPORATE OFFICE): |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): | SOCIAL SECURITY NUMBER (IF NO FEIN): | STATE SALES TAX #: | |
| DATE BUSINESS OPERATIONS STARTED OR WILL START IN AURORA . (MM/DD/YY): <small>This is the date you began business activities in Aurora not necessarily the date your business started.</small> | | | |
| NATURE OF BUSINESS/DESCRIPTION OF BUSINESS ACTIVITIES. PLEASE BE VERY SPECIFIC. INCLUDE NORTH AMERICAN INDUSTRY CLASSIFICATION (NAICS) CODE IF KNOWN. | | | |

| | | | |
|----------------------------------|--|--|-------------------|
| OWNER/OFFICER INFORMATION | PLEASE ENTER OWNER/OFFICER INFORMATION. IF NEEDED, PLEASE LIST ADDITIONAL OWNER/OFFICER INFORMATION ON SEPARATE SHEET. | | |
| | NAME | | BUSINESS PHONE #1 |
| | TITLE | | BUSINESS PHONE #2 |
| | ADDRESS | | |
| | | | BUSINESS FAX |
| | CITY | | HOME PHONE |
| | STATE | | EMAIL |
| | ZIP | | |
| | NAME | | BUSINESS PHONE #1 |
| | TITLE | | BUSINESS PHONE #2 |
| | ADDRESS | | |
| | | | BUSINESS FAX |
| | CITY | | HOME PHONE |
| | STATE | | EMAIL |
| ZIP | | | |

| | |
|---------------------------|---|
| HOURS OF OPERATION | AURORA BUSINESSES: |
| | <p>CERTAIN BUSINESSES (RETAIL, RESTAURANT, PERSONAL SERVICE, OR INDOOR RECREATIONAL USE THAT ABUTS A RESIDENTIAL ZONE) ARE PROHIBITED FROM OPERATING BETWEEN 12:00 A.M. (MIDNIGHT) AND 6:00 A.M. WITHOUT A CONDITIONAL USE APPROVAL. THIS APPROVAL MUST BE SCHEDULED THROUGH THE PLANNING DEPARTMENT AT (303)-739-7250. PLEASE NOTE THAT A STATE OF COLORADO LIQUOR LICENSE DOES <u>NOT</u> AUTHORIZE THE BUSINESS TO OPERATE AFTER 12:00 A.M. IN AURORA WHILE ABUTTING A RESIDENTIAL ZONE, AND A CONDITIONAL USE HEARING IS REQUIRED IN SUCH A CASE.</p> <p>WILL YOUR BUSINESS BE OPERATING BETWEEN THE HOURS OF 12:00 A.M. (MIDNIGHT) AND 6:00 A.M.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, PLEASE EXPLAIN DAYS OF WEEK AND TIMES:</p> |

| | |
|------------------------|---|
| HOME OCCUPATION | ANSWER THE FOLLOWING ONLY IF THE BUSINESS IS A HOME OCCUPATION OPERATED FROM A RESIDENCE: |
| | IS YOUR HOME OCCUPATION FOR THE SOLE PURPOSE OF A HOME OFFICE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | INCLUDING YOURSELF, HOW MANY EMPLOYEES WORK AT THE HOME LOCATION? _____ |
| | HOW MANY SQUARE FEET OF YOUR HOME IS USED FOR THE BUSINESS? _____ HOW MANY SQUARE FEET IS THE HOME IN TOTAL? _____ |
| | HAVE YOU READ AND UNDERSTOOD THE "REGULATIONS FOR HOME OCCUPATIONS"? BY SELECTING YES, THE APPLICANT ACKNOWLEDGES CITY CODE REGULATING HOME OCCUPATIONS AND TAKES FULL RESPONSIBILITY FOR COMPLYING WITH THE REGULATIONS. ANY VIOLATION FROM THESE REGULATIONS MAY RESULT IN THE ISSUANCE OF A CITATION. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | THE REGULATIONS CAN BE FOUND AT: HTTPS://WWW.AURORAGOV.ORG/CITYHALL/LICENSES/BUSINESSLICENSING/ |

| | |
|----------------------|--|
| MISCELLANEOUS | DOES THE BUSINESS HAVE MECHANICAL AMUSEMENT DEVICES (VIDEO GAMES, POOL TABLES, JUKEBOXES, COIN-OPERATED MACHINES, COMPUTERS USED FOR ENTERTAINMENT, OR A DEVICE TESTING MENTAL OR PHYSICAL SKILL)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY? _____ |
| | WILL THE BUSINESS DISPLAY, SELL, OR RENT ANY MERCHANDISE OR ITEMS WHICH COULD BE CHARACTERIZED AS SEXUALLY ORIENTED, INCLUDING BUT NOT LIMITED TO SEX TOYS/APPLIANCES, NOVELTIES, PRODUCTS OR PACKAGING WHICH DISPLAYS NUDITY OR EROTIC OR SO CALLED X-RATED VIDEOS/DVDS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | WILL YOU BE APPLYING FOR A LIQUOR LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | DOES YOUR BUSINESS INCLUDE MASSAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE STATE MASSAGE THERAPIST LICENSE NUMBERS AND NAMES FOR ALL EMPLOYEES: |

| | |
|-----------------------|--|
| OTHER LICENSES | PLEASE CHECK <u>ALL</u> THAT APPLY: |
| | <input type="checkbox"/> THIS ADDRESS WAS VACANT AT THE TIME OUR BUSINESS MOVED IN. |
| | <input type="checkbox"/> OUR BUSINESS REPLACED ANOTHER AT THIS LOCATION. NAME OF PRIOR BUSINESS: _____ |
| | <input type="checkbox"/> OUR BUSINESS WILL BE ACTIVE AT THIS LOCATION ALONG WITH OTHER BUSINESSES. |
| | <input type="checkbox"/> TRANSFER OF OWNERSHIP (SALE, FORECLOSURE, ASSET PURCHASE, GIFT, ETC.). |
| | NAME OF BUSINESS PURCHASED: _____ PRICE \$ _____ |
| | AMOUNT ASSIGNED TO PERSONAL PROPERTY \$ _____ |

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| OTHER LICENSES | IF YOU CURRENTLY HOLD OTHER AURORA BUSINESS/ TAX LICENSES, COMPLETE THE FOLLOWING: | | |
| | NAME OF BUSINESS | AURORA BUSINESS LICENSE # | IS THIS LICENSE TO BE CLOSED UPON ISSUANCE OF THE NEW LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | ARE THE BUSINESSES OWNED BY EXACTLY THE SAME LEGAL ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, DO YOU WANT A CONSOLIDATED TAX RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, UNDER WHAT NUMBER DO YOU WANT TO FILE ALL ACCOUNTS? |

| | | |
|--|---|--|
| FILING INFORMATION | OCCUPATIONAL PRIVILEGE TAX (OPT) | |
| | DOES/WILL THE BUSINESS HAVE EMPLOYEES WORKING IN AURORA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____ AN "EMPLOYEE" IS ANY PERSON WHO IS SUBJECT TO FEDERAL INCOME TAX (RECEIVES A W-2). HOW OFTEN WOULD YOU LIKE TO FILE OPT RETURNS?: <input type="checkbox"/> MONTHLY (REQUIRED IF MORE THAN 25 EMPLOYEES) <input type="checkbox"/> QUARTERLY | |
| | SALES AND USE TAX | |
| | A SALES AND USE TAX LICENSE ASSIGNS YOU THE RIGHT AND OBLIGATION TO COLLECT SALES TAX FOR THE CITY OF AURORA. TAXES COLLECTED FOR THE CITY OF AURORA ARE MONIES HELD IN TRUST BY YOU. YOU HAVE AN OBLIGATION TO ACCOUNT FOR AND REMIT THESE FUNDS TO THE CITY OF AURORA BY THE DATE DUE. ALL BUSINESSES ARE REQUIRED TO FILE A SALES AND USE TAX RETURN EVEN IF THERE ARE NO RETAIL SALES AS ALMOST ALL BUSINESSES OWE SOME AMOUNT OF USE TAX. YOU WILL RECEIVE AN ESTIMATED TAX DUE STATEMENT IF YOU DO NOT FILE A TAX RETURN. | |
| | DOES THE BUSINESS HAVE RETAIL SALES AND/OR RENTALS OR LEASES OF TANGIBLE PERSONAL PROPERTY IN AURORA? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE BUSINESS CHARGE ADMISSIONS OR PROVIDE RECREATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ESTIMATE THE GROSS ANNUAL TAXABLE SALES, RENTALS, OR LEASES IN AURORA (IF KNOWN): \$_____. THIS IS AN ESTIMATE ONLY. THE ACTUAL AMOUNT WILL BE REPORTED ON THE SALES AND USE TAX RETURN. HOW OFTEN WOULD YOU LIKE TO FILE SALES AND USE TAX RETURNS? <input type="checkbox"/> MONTHLY (REQUIRED IF TAXABLE SALES ARE \$96,000 OR MORE PER YEAR) <input type="checkbox"/> QUARTERLY (REQUIRED IF TAXABLE SALES ARE MORE THAN \$4,801 PER YEAR) <input type="checkbox"/> ANNUALLY (ALLOWED ONLY WHEN TAXABLE SALES ARE LESS THAN \$4,801 PER YEAR) | |
| | Do You Need More Information? | |
| WE ARE PROVIDING ALL AURORA BUSINESSES WITH AN OPPORTUNITY TO OBTAIN VALUABLE INFORMATION ON AURORA TAXES AND ANSWER QUESTIONS YOU MAY HAVE, SUCH AS "WHAT ITEMS ARE TAXABLE?" OR "HOW DO I FILE TAX RETURNS?" YOU MAY SCHEDULE A MEETING WITH A REVENUE AGENT IN TAX AND LICENSING BY CALLING (303) 739-7800, OPTION 2 . IF YOU WOULD LIKE TO STOP BY, OUR OFFICE IS LOCATED AT THE AURORA MUNICIPAL CENTER AT 15151 E. ALAMEDA PARKWAY, SUITE 1100. IF YOU PREFER, YOU CAN VISIT OUR WEBSITE AT WWW.AURORAGOV.ORG TO OBTAIN GENERAL INFORMATION. PLEASE LET US KNOW HOW WE CAN ASSIST YOU: <input type="checkbox"/> I DO NOT NEED TO ARRANGE A MEETING. MY KNOWLEDGE OF CITY SALES, USE, OCCUPATIONAL PRIVILEGE, AND LODGER'S TAX IS SUFFICIENT. <input type="checkbox"/> I WOULD LIKE TO SCHEDULE A MEETING WITH A REVENUE AGENT. CONTACT NAME: _____ PHONE NUMBER: _____ | | |

| | | |
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| EMERGENCY CONTACT | AURORA LOCATIONS ONLY: | |
| | PERSON(S) TO NOTIFY IN CASE OF A BUILDING EMERGENCY ONLY . AN INDIVIDUAL MUST ANSWER THE PHONE CALL FOR EMERGENCIES. PERSON(S) SHOULD HAVE KEYS TO THE BUILDING/BUSINESS, ALARM CODE, ETC. | |
| | NAME _____ | PHONE # _____ |
| | NAME _____ | PHONE # _____ |

ALL APPLICANTS: To comply with Colorado House Bill 06S-1023 which went into effect on August 1, 2006, the affidavit on page 4 and the attachment (if appropriate) are **MANDATORY** and must be submitted with this application. If it is not submitted, the application will be returned. Licenses will not be issued without the completed affidavit.

| | | | |
|------------------|--|--------------|------|
| SIGNATURE | IT SHALL BE UNLAWFUL FOR ANY APPLICANT TO KNOWINGLY PROVIDE ANY MATERIALLY INACCURATE, FALSE, OR MISLEADING INFORMATION ON ANY LICENSE APPLICATION. | | |
| | I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT, AND COMPLETE. I HEREBY CERTIFY THAT I HAVE COMPLETED AND SUBMITTED THE MANDATORY AFFIDAVIT AND REQUIRED DOCUMENTATION. I HEREBY CERTIFY THAT I HAVE RECEIVED A QUICK REFERENCE GUIDE AT https://www.auroragov.org/common/pages/DisplayFile.aspx?itemId=3616853 . | | |
| | APPLICANT'S SIGNATURE | PRINTED NAME | DATE |

ALL APPLICANTS: This affidavit is **MANDATORY** and must be submitted along with a copy of one of the accepted forms of identification (if applicable) to prove lawful presence in the United States.

On August 1, 2006, Colorado House Bill 06S-1023 became effective which requires the City of Aurora to verify all natural persons (i.e., sole proprietors, not corporations LLCs, or partnerships) 18 years or older applying for a public benefit are lawfully present in the United States prior to receiving a public benefit. A public benefit includes the application for or a renewal of a grant, loan, contract, and professional or commercial licenses provided by an agency of a state or local government.

| | | | |
|--|--|------|--|
| CORP, LLC, PARTNERSHIP OR OTHER LEGAL ENTITY AFFIDAVIT | <u>CORPORATION, LIMITED LIABILITY COMPANY (LLC), PARTNERSHIP OR OTHER LEGAL ENTITY AFFIDAVIT</u> | | |
| | CORPORATIONS, LLCs, PARTNERSHIPS OR OTHER LEGAL ENTITIES MUST MARK THE BOX BELOW, SIGN AND DATE THE AFFIDAVIT. | | |
| <input type="checkbox"/> THIS BUSINESS IS A CORPORATION, LLC, PARTNERSHIP OR OTHER LEGAL ENTITY. | | | |
| SIGNATURE | BUSINESS NAME | DATE | |

| | | | |
|--|--|------|--|
| SOLE PROPRIETOR (NATURAL PERSON) AFFIDAVIT | <u>SOLE PROPRIETOR (NATURAL PERSON) AFFIDAVIT</u> | | |
| | <p><u>SOLE PROPRIETORS</u> MUST MARK THE BOX BELOW AND COMPLETE THIS PORTION OF THE AFFIDAVIT. PLEASE ATTACH A COPY OF ONE OF THE APPROPRIATE DOCUMENTS LISTED ON THE BACK SIDE OF THIS AFFIDAVIT WHICH WAS PRESENTED TO THE NOTARY PUBLIC AS PROOF OF IDENTIFICATION THAT YOU ARE 18 YEARS OF AGE OR OLDER AND THAT YOU HAVE LAWFUL PRESENCE IN THE UNITED STATES.</p> <input type="checkbox"/> I AM A "NATURAL PERSON" (I.E., SOLE PROPRIETOR/INDIVIDUAL OWNER) NOT A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR ANY OTHER LEGAL ENTITY AND MUST COMPLETE THIS AFFIDAVIT AND SUBMIT IT WITH THE REQUIRED DOCUMENTATION. | | |
| <p>I, _____, SWEAR OR AFFIRM UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF COLORADO THAT:</p> <p><u>(CHECK ONLY ONE OPTION BELOW)</u></p> <input type="checkbox"/> I AM A UNITED STATES CITIZEN. (ONLY FORM #S 1-12 ACCEPTED FOR THIS OPTION. FORM #S 13-16 CANNOT BE ACCEPTED.) | | | |
| <input type="checkbox"/> I AM NOT A US CITIZEN, BUT AM A PERMANENT RESIDENT OF THE UNITED STATES. (ONLY FORM #S 13-16 ACCEPTED FOR THIS OPTION. FORM #S 1-12 CANNOT BE ACCEPTED.) | | | |
| <input type="checkbox"/> I AM NOT A US CITIZEN OR PERMANENT RESIDENT, BUT AM LAWFULLY PRESENT IN THE UNITED STATES PURSUANT TO FEDERAL LAW. (ONLY FORM #S 13-16 ACCEPTED FOR THIS OPTION. FORM #S 1-12 CANNOT BE ACCEPTED.) | | | |
| <p>I UNDERSTAND THAT THIS SWORN STATEMENT IS REQUIRED BY LAW BECAUSE I HAVE APPLIED FOR A LICENSE OR PERMIT. I UNDERSTAND THAT STATE LAW REQUIRES ME TO PROVIDE PROOF THAT I AM LAWFULLY PRESENT IN THE UNITED STATES PRIOR TO RECEIPT OF THIS LICENSE OR PERMIT. 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 LICENSE OR PERMIT IS FRAUDULENTLY RECEIVED.</p> | | | |
| SOLE PROPRIETOR'S SIGNATURE | BUSINESS NAME | DATE | |

ACCEPTED FORMS OF IDENTIFICATION TO PROVE LAWFUL PRESENCE IN THE UNITED STATES

UNITED STATES CITIZENS:

If you are a **United States citizen**, please provide only one of the accepted forms of identification listed below (1-12).

- (#1) a valid Colorado Driver's License or a valid Colorado Identification card
- (#2) a valid driver's license or identification card bearing applicant's photograph issued by any of the lawful presence states including the District of Columbia with the exception of: Hawaii, Illinois, Maryland, Nebraska, New Mexico, Utah, and Washington. If on the face of the license or ID card presented it says that it is an Enhanced driver's license or ID card, then it is to be accepted as a lawful presence document. (DR 2300, 04/27/11, Colorado Department of Revenue)
- (#3) a United States Military card or a Military Dependent's Identification card
- (#4) a United States Coast Guard Merchant Mariner card
- (#5) a Native American Tribal document
- (#6) order of applicant's adoption, including applicant's date of birth, bearing the seal or certification of the court of any political subdivision or territory of the United States
- (#7) copy of applicant's birth certificate from any state, the District of Columbia, and all United States territories
- (#8) United States Passport, except for "limited" passports, issued for less than five years
- (#9) Report of Birth Abroad of a United States Citizen, form FS-20
- (#10) Certificate of Birth issued by a Foreign Service post (FS-545) or Certification of Report of Birth (DS-1350)
- (#11) Certificate of Naturalization (N-550 or N-570)
- (#12) Certificate of Citizenship (N-560 or N-561)

PERMANENT RESIDENTS AND LAWFULLY PRESENT NON-U.S. CITIZENS:

If you are **not** a United States citizen, but are a **permanent resident** of the United States or are **lawfully present** in the United States pursuant to Federal law, please provide only one of the accepted forms of identification listed below (13-16). Documents 1-12 listed above cannot be accepted.

- (#13) an Unexpired Foreign Passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa
- (#14) an Unexpired Foreign Passport accompanied by an "I-94" indicating a specific future "until" date
- (#15) an "I-94" or substitute "I-102" with refugee or asylum status
- (#16) an Unexpired "Resident Alien" card, "Permanent Resident" card, "Temporary Resident" card, or "Employment Authorization" card



City of Aurora
Marijuana Enforcement Division
15151 E. Alameda Pkwy., Fifth Floor
Aurora, CO 80012
(303) 739-7833
www.auroragov.org/amed

Trade Name _____
Location Address _____
State MED license application submittal date _____
Intake date (to be completed by AMED staff) _____

APPLICATION FOR RETAIL MARIJUANA STORE LICENSE

In addition to completing the questions beginning on page three, applicants must submit all documents listed below and any others requested by the Aurora Marijuana Enforcement Division (AMED) in order to be considered for licensure. Incomplete applications will not be accepted. AMED will only accept license applications from owners; managers cannot submit applications on behalf of the owners. Once an application is submitted, no transfer of ownership or changes in business structure will be accepted for one year after the date operations begin except for hardship.

- City of Aurora General Business License Application: One complete copy of this application will be required for EACH retail store.
- For Zoning Verification please contact Kim Kreimeyer at 303.739.7126 before submitting your application.
- Investigation Authorization and Release Form (one for each owner).
- Applicant Request to Release Information Form (one for each owner).
- Affirmation and Consent Form (one per application).
- Fingerprint cards, photo IDs and copies of State of Colorado key badges for each owner. Contact the Marijuana Enforcement Division at 303.739.7833 for information on setting up an appointment to complete this step.
- Payment of \$15,000 operating fee, by check, credit card, cash or money order. Make checks payable to the City of Aurora. Checks will only be accepted from accounts in the business's name or in the name of one of the owners. AMED cannot accept checks from holding companies.
- Proof of \$400,000 in liquid assets available under the applicant's control at the time of application. This is a separate requirement for each store application/location.
- Evidence of operating a licensed marijuana establishment or business in Colorado (two-year minimum).
- Copies of state and federal tax returns for the owner(s), applicant(s) and related businesses for the past year and proof of tax-liability payment.
- LLCs must provide an operating agreement and corporations must provide articles of incorporation and bylaws, completely filled out and signed by all parties.
- A copy of a current Certificate of Good Standing from the Colorado Secretary of State.
- A copy of the lease or deed, in the name of the business, fully executed and signed, for where the store will be located. Ensure that the address given in the deed or lease agreement, including unit number(s) where applicable, is consistent throughout the document and matches the address given on all other application materials. Leases should include or be accompanied by contact information, including a phone number and e-mail address, for the property owner.
- If leasing a property, written consent from the property owner acknowledging and allowing the operation of a retail marijuana store, either stated in the lease agreement or provided in a separate statement.
- Floor plans for the facility, rendered legibly on 8.5 X 11-inch paper. These drawings, at a minimum, will indicate all walls, windows, fixtures in sales area, entrances, exits, safes, storage areas, camera locations, DVR(s) and security room(s). Show how the space will be used and clearly identify the licensed premises area(s).
- A site plan, rendered legibly on 8.5 X 11-inch paper, showing each building on the property where the store will be located. These drawings, at a minimum, will indicate all buildings on the site, parking areas, trash enclosure(s), exterior lighting, signage, roof plan and all other uses on the property.
- A list of all proposed changes or modifications to the premises.

Trade Name _____ Location Address _____

- A statement about security indicating how the applicant will comply with state and local requirements, including the locations both on and off site where the applicant will maintain security-camera recordings and the name and contact information of the company that will monitor the store's alarm system.
- A statement describing how the applicant will prevent those under the age of 21 years from entering the licensed premises. Details should include the type of ID scanner that will be used and procedures for the removal of individuals under the age of 21 years from the licensed premises.
- A statement describing the methods the applicant intends to use to prevent the emission of any odor of marijuana from the licensed premises.
- Additional information:

RETAIL MARIJUANA STORE POINT SYSTEM

Please indicate which points you are applying for and attach supporting documentation.

| Code Section | Criteria | Possible points | Check all that apply |
|---------------------|---|-----------------|--------------------------|
| 6-309 (b)(1) | Experience in operating a licensed marijuana establishment or business in Colorado | | |
| | Three years | +1 | <input type="checkbox"/> |
| | Four years | +1 | <input type="checkbox"/> |
| 6-309 (b)(2) | No administrative penalties or licenses revoked related to the operation | | |
| | Three years | +1 | <input type="checkbox"/> |
| | Four years | +1 | <input type="checkbox"/> |
| 6-309 (b)(3) | Compliant with all state and local tax laws for the past 12 months | +2 | <input type="checkbox"/> |
| 6-309 (b)(4) | Applicant, principal officers, directors and owners have never had the following: | | |
| | No felony convictions | +2 | <input type="checkbox"/> |
| | No drug-related misdemeanor convictions | +2 | <input type="checkbox"/> |
| | No pending criminal charges of any type | +2 | <input type="checkbox"/> |
| 6-309 (b)(5) | Certifies the business will not hire a manager, employee or any person with a felony conviction in the last 10 years or a drug-related misdemeanor conviction in the last five years, or a drug-related felony conviction ever. | +4 | <input type="checkbox"/> |
| 6-309 (b)(6) | Prior to opening, the building contains air-filtration systems that filter out marijuana odor | +3 | <input type="checkbox"/> |
| 6-309 (b)(7) | Provides a security plan that exceeds the minimum requirements | +2 | <input type="checkbox"/> |
| 6-309 (b)(9) | Provides an operating plan (to be evaluated by a third party) | +1-10 | <input type="checkbox"/> |
| 6-309 (b)(10) | Provides a business plan (to be evaluated by a third party) | +1-10 | <input type="checkbox"/> |
| | | | |
| Total Points | | 41 | |

Trade Name _____ Location Address _____

| | | | | |
|---|--------------------------|--|-------------------|--|
| Primary Contact | Name | | Cell Phone Number | |
| City Council Ward Number of Proposed Premises (1-6) | <input type="checkbox"/> | Are the proposed premises within 1,000 feet of any Pre-K-12 public or private school? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Are the proposed premises within 500 feet of any hospital or substance-abuse treatment center? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please provide the following information for any persons or entities (including firms, partnerships, corporations, limited liability companies, etc.) NOT listed in the "Owner/Officer Information" section of the General Business License Application who have loaned or will loan or give money to be used in the operation of this store, or who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income from this store. Attach additional information on a separate sheet if necessary.

| Name of individual or legal entity | DOB (if applicable) | SSN or FEIN |
|------------------------------------|---------------------|-------------|
| | | |
| | | |

Does any individual or entity listed above or in the "Owner/Officer Information" section of the General Business License Application currently hold, or has such an individual or entity previously held a retail marijuana establishment or medical marijuana business license in any other state or local jurisdiction? Attach additional information on a separate sheet if necessary.

Yes **No**

If **yes**:

Name of establishment or business: _____

Location address of establishment or business: _____

| | | |
|----------------|--|--|
| Business type: | <input type="checkbox"/> Store/Dispensary | <input type="checkbox"/> Cultivation |
| | <input type="checkbox"/> Retail <input type="checkbox"/> Medical | <input type="checkbox"/> Retail <input type="checkbox"/> Medical |
| | <input type="checkbox"/> Product Manufacturing | <input type="checkbox"/> Testing |
| | <input type="checkbox"/> Retail <input type="checkbox"/> Medical | <input type="checkbox"/> Retail <input type="checkbox"/> Medical |

Has any individual or entity listed above or in the "Owner/Officer Information" section of the General Business License Application:

Ever surrendered a license for a retail marijuana establishment or medical marijuana business, been denied such a license, or had such a license placed on administrative hold, suspended or revoked by any state or local jurisdiction?

Yes **No**

Ever surrendered a professional or other business license, been denied such a license, or had such a license placed on administrative hold, suspended or revoked by any state or local jurisdiction?

Yes **No**

Ever had a business temporarily or permanently closed for failure to comply with any health or safety law?

Yes **No**

Ever had an administrative, civil, or criminal finding of delinquency for failure to pay sales or use tax or any other tax?

Yes **No**

Within the last ten years, been indicted, served with a criminal summons, or charged with or convicted of ANY crime or offense in any manner? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty.

Yes **No**

If the answer to any of the preceding questions is yes, explain in detail on a separate sheet and attach all relevant documentation. For the last question, provide official documentation from the court showing the final disposition for all charges.

By signing this application, the applicant hereby affirms that all information supplied above and attached to this application is accurate to the best of the applicant's knowledge, and that should the license applied for be awarded, the applicant understands and agrees to abide by all aspects of the City of Aurora Code of Ordinances regarding retail marijuana stores, as well as all rules and regulations established by the Aurora Marijuana Enforcement Division to implement said code.

| | | |
|-------------------------------|---------------------|-------------|
| | | |
| Signature of Applicant | Printed Name | Date |

Investigation Authorization Authorization to Release Information

I, _____, as an authorized agent for the applicant, hereby authorize the Local Licensing Authority for Retail Marijuana Establishments in the City of Aurora, Colorado (City), or agents thereof, (hereafter, the Authority), to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Authority to provide any and all such information deemed necessary by the Authority. I hereby waive any rights to confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Authority a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and whatever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Internal Revenue Service, the Colorado Department of Revenue and any other taxing authorities to surrender to the Authority a complete and accurate record of any and all tax information or records relating to me. I authorize the Authority to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization a criminal history background check will be performed. I authorized the Authority to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Authority reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Authority may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the City of Aurora, Colorado, their elected officials, officers, employees and agents, shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the Authority, the City of Aurora, Colorado, their elected officials, officers, employees and agents, for any damages resulting from any use, disclosure, or publication, in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorizes the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personal record, or otherwise found, obtained, or maintained by the Authority, shall be accessible to law enforcement agents of this or any other city, or state, the government of the United States, or any foreign country.

Print Full Legal Name of Authorized Agent Clearly Below:

| | | | |
|--------------------------------------|------|---|-------------------------|
| Applicant's Business Name | | Trade Name (DBA) | |
| Legal Agent Last Name (Please Print) | | Legal Agent First Name | Legal Agent Middle Name |
| Legal Agent Title | | Signature (Must be signed in front of one witness identified below) | |
| Date (MM/DD/YY) | City | State | |
| Witness's Signature and Name Printed | | | |

Applicant's Request to Release Information

| | | |
|--|---|-------------------------|
| To: | From: (Applicant's Printed Name) | |
| <p>1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to an agent of the Retail Marijuana Establishment Local Licensing Authority for the City of Aurora, Colorado, (hereafter, the Authority), whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.</p> <p>2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit an agent of the Authority to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.</p> <p>3. I/We hereby authorize and request the Internal Revenue Service, the Colorado Department of Revenue and any other taxing authorities to permit an agent of the Authority to obtain, receive, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.</p> <p>4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that an agent of the Authority be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including, but not limited to, past loan information, notes co-signed by me/us, checking account records, saving deposit records, safe deposit records, passbook records, and general ledger folio sheets.</p> <p>5. I/We do hereby make, constitute, and appoint an agent of the Authority as my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:</p> <p style="margin-left: 20px;">(a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in possession of the person to whom this request is presented as I/we might;</p> <p style="margin-left: 20px;">(b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request;</p> <p style="margin-left: 20px;">(c) To place the name of the agent presenting this request in the appropriate location on this request.</p> <p>6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and power herein granted.</p> <p>7. This power of attorney ends twenty-four (24) months from the date of execution.</p> <p>8. The above named applicant has filed with the Authority an application for a Retail Marijuana Establishment license. Said applicant understands and acknowledges that in seeking the granting of this privilege that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from any action with respect to this application.</p> <p>9. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees, from all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his/her agents or employees arising out of or by reason of complying with this request.</p> <p>10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.</p> <p>11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.</p> | | |
| Print Full Legal Name of Authorized Agent Clearly Below: | | |
| Legal Agent Last Name (Please Print) | Legal Agent First Name | Legal Agent Middle Name |
| Legal Agent Title | Signature (Must be signed in front of witness identified below) | |
| Date (MM/DD/YY) | City and State | Witness's Signature |
| Name and Title of Person or Entity to whom this Request to Release Information was presented: | | Date (MM/DD/YY) |
| Signature of agent for the Authority presenting this request: | | Date (MM/DD/YY) |

Affirmation & Consent

I, _____, by my signature below, as an authorized agent for the applicant, swear or affirm, under penalty for offering a false declaration pursuant to Aurora Colo. Code (City Code) section 94-390, that the entire Retail Marijuana Establishment License Application Form, all statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal by the City of Aurora, Colorado, to issue a Retail Marijuana Establishment license. Additionally, I am aware that later discovery of an omission or misrepresentation in the Retail Marijuana Establishment License Application, any of the statements, attachments, or supporting schedules may be grounds for the denial or revocation of the license. I am voluntarily submitting this application to the Local Licensing Authority for the City of Aurora, Colorado under oath with full knowledge that I may be charged with making a false declaration pursuant to City Code or other crimes for intentional omissions and misrepresentations pursuant to City Code, perjury pursuant to C.R.S. 18-8-501, *et seq.*, and for offering a false instrument for recording pursuant to C.R.S. § 18-5-114. I further consent to any background investigation necessary to determine my present and continuing suitability for a Retail Marijuana Establishment license and that this consent continues as long as I hold a Retail Marijuana Establishment license, and for 90 days following the expiration or surrender of such Retail Marijuana Establishment license. Note: If your check is rejected due to insufficient or uncollected funds, the City of Aurora, Colorado will have sufficient grounds to deny or revoke the Retail Marijuana Establishment license.

Print Full Legal Name Clearly Below:

| | | | |
|--------------------------------------|------------------------|-------------------------|------|
| Applicant's Business Name: | | Trade Name (DBA): | |
| Legal Agent Last Name (Please Print) | Legal Agent First Name | Legal Agent Middle Name | |
| Signature | | | Date |