

970-351-0041

Fax 970-351-6549



621 27th Street Road

Garden City, CO 80631-8466

Marijuana Business License Renewal Application

Please fill out both sides of this form and return to the Town Hall with the appropriate fees. If you have any questions, please call the Town Hall at 351-0041.

Date: _____ DBA: _____

Legal Business Name on State License: _____

Address	City	State	Zip Code
Mailing Address if different: _____			

Phone Number: _____ Cell Number: _____

E-mail Address: _____

Business Hours and Days of Operation: _____

Have you had any violations from State or Local in the past year?

Are all employees badged by the MED?

Do you Wholesale?

Wholesale fees paid?

Do you pay Colorado Sales Tax? State of Colorado sales tax number: _____

Property Owner(s): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date Signature of Applicant

You are responsible for notifying us of any changes.

Fee: <u>\$2000.00</u> each license

Please enter each local license number you wish to renew:

_____	_____
_____	_____
_____	_____

POLICE DEPARTMENT – RESPONSIBLE PARTY INFORMATION

Business Name: _____ Business Phone: _____

Address: _____

Type of Business _____

Business Owners: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Manager's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Responsible Persons: Have access to business after working hours. *Please notify Police of any changes.*

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Alarm Information: Does the business have a fire or burglary alarm? Fire _____ Burglary _____ Both _____

Alarm type:

Monitored by Security Company

Security Company: _____ Address: _____ Phone: _____

Miscellaneous Information:

How many entry and exit doors are in the building? _____ Locations: _____

Is alcohol stored in the building? _____ Locations: _____

Are drugs stored in the building? _____ Locations: _____

Are weapons stored in the building? _____ Locations: _____

In case of emergency, notify:

Name: _____ **Address:** _____ **Phone:** _____

The following program is being offered to you as a public service by law enforcement:

Physical Security Check