



COLORADO
Department of Revenue

Marijuana Enforcement Division

Marijuana Off-Premises Storage Permit Application

Colorado Marijuana Enforcement Division
RMB Off-Premises Storage Permit Application

Application Checklist

1. Application Fully Completed

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

2. All Requested Information Attached

The following information requested on the application must be attached, if applicable:

Documentation showing legal possession of the premises to be licensed

Diagram of premises to be licensed including security drawing

3. Application and License Fees

All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

See fee table on website: MED.Colorado.gov

Application fees remitted to the State Licensing Authority and/or the Department of Revenue, are non-refundable.

Submit complete original or scanned application packet.

Check, money orders and credit cards (subject to a service charge) are accepted at all offices.

Mail-in applications can only be paid by check or money order.

You are responsible for knowing who your Local Licensing Authority is.

4. Application Submittal

Applications can be submitted in person or via FedEx or UPS with all attachments and requisite fees to:

Marijuana Enforcement Division
1707 Cole Blvd., Suite 300,
Lakewood, CO 80401

If mailing via USPS, please use the mailing address:

CDOR
Attn: MED/Marijuana
P.O. Box 17087
Denver, CO 80217-0087

Note: Incomplete applications will not be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via 3rd party), from the Lakewood Office prior to the end of the next business day.

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License Type (Check all that apply): Retail Medical Transporter

License number with which storage facility will be associated

Physical Address

County	City	State	ZIP Code
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Does the licensee have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession. Deed, Title, sale or lease agreements etc.

Other (Explain in detail)

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Local Licensing Authority (To be filled out by Applicant)

Local Licensing Authority/Jurisdiction

City State ZIP Code

Local Licensing Authority Contact Name and Title

Contact Phone Number Contact Email Address

Has the Licensee been granted approval of the Off-Premises Storage Permit application by the local licensing authority? (If required)..... Yes No

Print Full Legal Name of Owner clearly below:

Legal Business Name

Trade Name (DBA)

Last Name of Owner (Please Print) First Name of Owner Middle Name of Owner

Signature Date (MM/DD/YY)