



COLORADO
Department of Revenue

Marijuana Enforcement Division

**Marijuana Finding of Suitability
Application – Natural Person**

Colorado Marijuana Enforcement Division
Natural Person – Finding of Suitability Application Instructions

APPLICATION CHECKLIST

Application Checklist

1. Application Type

Owner: Any Natural Person who holds 10% interest or more of the Owner's interest of a RMB; Executive Officer, Manager or any other Person or affiliate that is otherwise in a position to execute Control of the RMB.

2. Application Fully Completed

Type or clearly print, in English, an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application. **Attach a copy of your Real ID compliant state issued or Government ID (i.e. passport) or driver's license (or see website for additional forms of ID accepted).**

Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

3. Application Contents

Disclosure Requirements

Authorization Forms

Main Application

Fingerprint Verification Form

The disclosure requirements and the main application must be completed in full by all applicants.

4. All Forms Signed and Attached

The following accompanying forms must be completed, signed and returned with the application:

Affirmation and Consent

Tax Check Authorization and Request to Release Information

Investigation Authorization / Authorization to Release Information

Applicant's Request to Release Information

Affirmation of Eligibility for Social Equity License (If applicable)

5. Required Disclosures

See Suitability Required Disclosures (page 4 of application)

Upon request by the Division, an applicant must provide additional information or documents required to process and investigate the application, within seven (7) days of the request.

Please note: This deadline may be extended for a period of time commensurate with the scope of the request.

6. Application and License Fees

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

See fee table on website: <https://MED.Colorado.gov>

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

Submit complete application packet.

Checks (in the name of the applicant or applicants attorney's trust account), money orders and major credit cards (subject to service charge), are acceptable forms of payment.

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

7. Application Submittal

Applications can be submitted in person or by mail with all attachments and requisite fees to:

Mailing Address:

Attn: MED / Marijuana Enforcement
COLORADO DEPARTMENT OF REVENUE
P.O. BOX 17087
DENVER CO 80217-0087

Physical Address:

1707 Cole Blvd., Suite 300
Lakewood, CO 80401

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

Suitability Required Disclosures

What type of application will this suitability be associated with?

New Business (All required Findings of Suitability must first be obtained prior to any new business application submission).

(License Number)

Change of Ownership with

(Applications for Finding of Suitability associated with Change of Ownership applications must be submitted at the same time).

(License Number)

Change of Ownership Exemption with

Social Equity Program

Provide 180 days of account statements used to acquire ownership or proof of ownership, for 180 days, of other assets being used to secure ownership interest.

Provide a copy of a State or Government issued ID (state issued Driver's License, state issued ID or Government issued passport)

Fingerprint information (see instructions provided on the website under Third-Party Fingerprint Providers (<https://MED.Colorado.gov/third-party-fingerprint-providers>))

Glossary of Terms:

RMB	Regulated Marijuana Business	CBO	Controlling Beneficial Owner
PBO	Passive Beneficial Owner	IFIH	Indirect Financial Interest Holder
QII	Qualified Institutional Investor	QPF	Qualified Private Fund
PTC	Publicly Traded Company	SE	Social Equity

Pursuant to section 44-10-305(4), C.R.S., prior to submitting an application for a license, registration or permit, the applicant needs to be aware that having a medical marijuana or retail marijuana license and working in the medical marijuana or retail marijuana industry may have adverse federal immigration consequences.

Affirmation of Complete Application

Signature

Printed Name

Date (MM/DD/YY)

Natural Person Finding of Suitability Application Form

Why are you applying? (Check one of the following):

CBO PBO Executive Officer Social Equity CBO Manager Reasonable Cause

Will you require a badge? Yes No

Position Held

Applicant's Last Name (Please Print) First Name (Please Print) Full Middle Name

Maiden/Married Names Used (Full Name) (attach separate sheet if necessary)

Nicknames, Aliases, Etc. Used (Full Name) (attach separate sheet if necessary)

Gender: Male Female X

Race: Asian Mixed Race Black Hispanic/Latino Native American
Caucasian Native Hawaiian/Pacific Islander Undisclosed/Unknown

Date of Birth (MM/DD/YY) Social Security Number Government Issued ID number & Issuing State/Jurisdiction

Place of Birth: City State/Prov Country

Physical Appearance

Height (in feet & inches) Weight (in pounds) Hair Color Eye Color

U.S. Citizen: *If "No", List Country of Citizenship
Yes No

Natural Person Finding of Suitability Application Form (Continued)

Physical Address

Address (include unit or apartment number)

City County State/Prov ZIP Code

Length of time at this Address:

Year(s) Month(s) Home Phone Number Cell Phone Number

Email Address

Mailing Address (if different from Physical Address)

Address (include unit or apartment number)

City State/Prov ZIP Code

Name of Marijuana Business Associated with Marijuana Business Phone Number

Marijuana Business Contact Name

Marijuana Business Address

City State ZIP Code

Signature of Applicant Date (MM/DD/YY)

Natural Person Finding of Suitability Application Form (Continued)

Applicant's Last Name (Please Print)

First Name (Please Print)

Full Middle Name

Notice: The Finding of Suitability Application Form is an official document. If you provide false information on your marijuana license application and/or do not disclose all information the application asks, your application is subject to denial, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information.

- | | | |
|---|-----|----|
| 1. Have you been convicted of a felony in the 3 years immediately preceding this application? (Unless charge was prior to age 18 and was adjudicated as a juvenile)..... | Yes | No |
| 2. Are you currently subject to a sentence for a felony conviction, including probation, parole or a deferred judgment or sentence? (Unless charge was prior to age 18 and was adjudicated as a juvenile)..... | Yes | No |
| 3. Have you failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Regulated Marijuana Business?..... | Yes | No |
| 4. Are you a licensed Physician making marijuana patient recommendations? (Medical Only) | Yes | No |
| 5. Have you had your authority to act as a primary caregiver revoked by the State Health Agency? (Medical Only) | Yes | No |
| 6. Are you under 21 years of age at the time of this application?..... | Yes | No |
| 7. Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee with the marijuana state licensing authority or a local licensing authority?..... | Yes | No |
| 8. Are you a Person that is a "Bad Actor" under rule 506(d) promulgated pursuant to the Federal "Securities Act of 1933", as amended and subject to 17CFR230.506(d)?..... | Yes | No |
| 9. Are you a person that is prohibited from engaging in transactions pursuant to this Article 10, due to its designation on the "Specially Designated Nationals and Block Person" list maintained by the Federal Office of Foreign Assets Control?..... | Yes | No |

I have thoroughly read and understand the questions above, and understand that I **cannot** hold a Colorado Marijuana license if I answered "Yes" to any of the questions above.

Signature of Applicant

Date (MM/DD/YY)

Licensing

- 1. Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the Finding of Suitability Application. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses..... None

- 2. Have you or any business entity owned by you, ever owned or applied for a Marijuana license in this or any other jurisdiction, foreign or domestic?..... Yes No
 - (a) If so, have you ever been subject to any of the following actions: (1) denial; (2) surrender; (3) order to show cause; (4) suspension; (5) revocation; (6) stipulation or settlement. **If yes, provide details on a separate sheet, including jurisdiction, type of action, and date of action**..... Yes No

- 3. Do you now own, have ever owned, or otherwise derive(d) a benefit from assets held outside the United States (other than Canada)?..... Yes No

- 4. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign security law or regulation ever been filed or entered against you or a business entity? If YES, explain on a separate sheet of paper..... Yes No

- 5. Have you or are you involved in a civil lawsuit in regards to a marijuana business? If YES, provide details on a separate piece of paper..... Yes No

- 6. List any sanctions, penalties, assessments, or cease and desist orders imposed by any securities regulatory agency, other than the United States Securities and Exchange Commission. (Provide on a separate sheet.)

Criminal History

(Do Not Disclose Criminal History Where Non-Conviction Record Has Been Sealed Or Expunged)

1. In the last 3 years have you been convicted of **any** crime that resulted in a Felony conviction, including but not limited to, probation, parole, deferred judgment or sentence, in this or any other country?..... Yes No
2. Are you currently serving a sentence, serving a deferred sentence, on probation or parole for a felony?..... Yes No
- You must include **all** felony arrests, charges, and convictions in the last 3 years (unless charge was prior to age 18 and was adjudicated as a juvenile), regardless of the outcome, even if the charges were dismissed or you were found not guilty.
 - **Notice:** Do not rely upon your understanding that an arrest or charge is “not supposed to be on your record.” A criminal record was not cleared, erased, sealed, pardoned or expunged unless you were given, and have in your possession, a written order from a judge directing that action.

*If you answered **yes**, explain in detail on the next page of this application, using additional sheets as necessary. For each **felony** offense for which you were arrested or charged, **you must obtain official documentation from the court where you appeared, showing the final disposition (outcome) of your case (felonies only)**. This information will include whether you were found guilty or not guilty and the penalty (money fine, time in jail or prison, probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.

Applicant's Initials

Applicant's Last Name (Please Print)

First Name (Please Print)

Full Middle Name

Arrest Disclosure Form

In the last 3 years have you been arrested, served a criminal summons, charged with, or convicted of a **felony** (unless charge was prior to age 18 and was adjudicated as a juvenile)? If so, you must disclose this information to the Marijuana Enforcement Division.

Any person applying to be licensed by the Marijuana Enforcement Division must make notification to the Division of any felony criminal conviction and/or felony criminal charge pending against such person.

Failure to disclose may result in disciplinary action, up to and including the denial of your license application.

Please List Each Felony Offense Separately

Date (MM/DD/YY) Place of Offense

1.

Arresting Agency

Original Charge

Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only)

Date (MM/DD/YY) Place of Offense

2.

Arresting Agency

Original Charge

Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only)

Arrest Disclosure Form (Continued)

Date (MM/DD/YY)

Place of Offense

3.

Arresting Agency

Original Charge

Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only)

Date (MM/DD/YY)

Place of Offense

4.

Arresting Agency

Original Charge

Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only)

Financial History

If known, please submit all executed agreements or documents that grant you any right to any percent of ownership or percent of income from the Colorado Marijuana business with which you are associated.

- 1. Amount to otherwise be invested or loaned in business: \$
- 2. Percentage of ownership this amount represents: %
- 3. Investment will be derived from the following sources:

Please provide proof of funding (six months bank statements, six months profit and loss statement and a balance sheet, loan paperwork, etc.)

- 4. Has your interest in this Marijuana establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole?..... Yes No

If **yes**, explain:

Income

Annual Income

Name of employer:

Salary (Source):

\$

Salary (Source):

\$

Interest (Source):

\$

Interest (Source):

\$

Dividends (Source):

\$

Dividends (Source):

\$

Other (Source):

\$

Other (Source):

\$

Total \$

Applicant's Initials

Affirmation & Consent

I,

state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Natural Person Finding of Suitability Application Form, 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 to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of the Marijuana application. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana license.

Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Print Full Legal Name of Applicant clearly below:

Applicant's Last Name (Please Print)

First Name (Please Print)

Full Middle Name

Signature

Date (MM/DD/YY)

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Tax Check Authorization and Request To Release Information

I

am signing this waiver on behalf of

(the “Applicant/Licensee”) to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee’s application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 44-10-202(1) and 44-10-307(1)(e), C.R.S. This waiver is made pursuant to section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an employee license, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant’s/Licensee’s duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file any state tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

Tax Check Authorization and Request To Release Information (continued)

Applicant/Licensee authorizes the Colorado Department of Revenue and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist the Colorado Department of Revenue and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

Applicant's Name (Individual/Business)

Social Security Number/Tax Identification Number

Street Address

City State ZIP Code

Legal Last Name (Please Print) Legal First Name Full Middle Name

Applicant's Signature Date (MM/DD/YY)

Investigation Authorization/Authorization to Release Information

I

hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) 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 Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of 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 Investigatory Agencies 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 wherever located. 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 check will be performed. I authorize the Investigatory Agencies 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 Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado 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 State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado 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 authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of Owner clearly below:

Applicant's 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)

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Applicant's Request to Release Information

TO: (Leave this Blank)

FROM: (Applicant's Printed Name)

1. I 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 a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division 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.
3. 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 hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:
 - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might;
 - (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:
 - (c) To place the name of the agent presenting this request in the appropriate location on this request.
5. 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 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 powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution.
7. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant.

Applicant's Request to Release Information (continued)

- 8. I do, for myself, my 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 and all manner or 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 agents or employees arising out of or by reason of complying with the request.
- 9. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Applicant's Last Name (Please Print)

First Name

Full Middle Name

Signature

Date (MM/DD/YY)

Affirmation of Eligibility for Social Equity License

Applicant affirms they are compliant with the following criteria established pursuant to § 44-10-308(6), C.R.S., and they qualify to be a Social Equity Licensee.

1. The applicant has not previously owned a Regulated Marijuana Business that was subject to revocation.
2. The applicant has demonstrated at least one of the following (check all of the applicable criteria for which you may qualify and wish to apply):

A. The applicant has resided*:

For at least any five (5) years of the thirty (30) years prior to this application and for which data is available, in a census tract designated by the office of economic development and international trade as an opportunity zone or designated as a disproportionate impacted area; or

For at least any five (5) years of the thirty (30) years prior to this application, in housing with funding provided pursuant to section 8 or 9 of the federal "United States Housing Act of 1937", 42 U.S.C. secs. 1437f and 1437g, as amended; or

For at least any five (5) years between 1980 and 2021, in housing with funding from federal low-income housing tax credits, Colorado affordable housing tax credits, or funding provided pursuant to any federal, state, or local program that restricts maximum rents for natural persons of low or moderate income that, at the time of residence, was subject to a use restriction that was monitored to ensure compliance by the federal government, the state government, a county government, or a municipal government, or by a political subdivision or designated agency of the federal government, the state government, a county government, or a municipal government.

B. The applicant or the applicant's spouse, parent, or legal guardian was arrested for and convicted of a marijuana offense.**

C. The applicant's sibling or child or a minor in the applicant's guardianship was arrested for or convicted of a marijuana offense, and:**

The applicant's sibling or child or a minor in the applicant's guardianship who was arrested for or convicted of a marijuana offense resided in a disproportionate impacted area for five (5) years between 1980 and 2021*; or

The applicant's sibling or child or a minor in the applicant's guardianship who was arrested for or convicted of a marijuana offense has received assistance from at least one of the programs listed in section (D) for at least five years between 1980 and 2021.*

D. The applicant has received assistance from at least one of the following programs for at least five of the ten years prior to submitting this application*:

The low-income energy assistance program in § 40-8.7-101, et seq., C.R.S.;

The supplemental nutrition assistance program in § 26-2-301, et seq., C.R.S.;

Temporary assistance for needy families, as defined in § 26-2-703 (19), C.R.S.;

The special supplemental nutrition program for women, infants, and children, created pursuant to 42 U.S.C. sec. 1786; or

The "Colorado Medical Assistance Act", §§ 25.5-4-101, et seq., through 25.5-6-101, et seq., C.R.S.

*Please provide official documentation demonstrating eligibility, or an affirmation under penalty of perjury.

**Please provide official documentation from the court or arresting agency, and evidence of familial relationship if applicable.

Please visit the Division's Social Equity webpage for additional details.

Affirmation of Eligibility for Social Equity License (Continued)

- 3. The applicant, or collectively one or more proposed Social Equity Licensees, will hold at least fifty-one percent (51%) ownership of a Regulated Marijuana Business.
- 4. The applicant is not an owner of more than three Regulated Marijuana Store Licenses or Regulated Marijuana Cultivation Facility Licenses. ***

***For the purposes of #4, co-located Retail Marijuana Store and Medical Marijuana Store Licenses or co-located Retail Marijuana Cultivation Facility and Medical Marijuana Cultivation Facility Licenses constitute one License.

(Print)

I, _____,

as the applicant for this Finding of Suitability as a Social Equity Licensee, state under penalty of perjury, pursuant to §18-8-503 C.R.S., that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

Date (MM/DD/YY)

Verification of Fingerprints

(Disregard this form if you are being printed with IdentGO or Colorado Fingerprinting)

This form is to be completed by representative taking the applicant's fingerprints.

Please print or type all information other than signature.

Reason for Fingerprinting:	Finding of Suitability	Owner Renewal
	Transporter License	Operator License

Name of Applicant

MED License Number (If Applicable)

Name of Representative Taking Fingerprints

Title

Name of Agency Taking Fingerprints

ORI Number (If Applicable)

Applicant's Identity Verified By (List document type and number)

Signature of Representative Taking Fingerprints

Date (MM/DD/YY)

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