



COLORADO
Department of Revenue

Marijuana Enforcement Division

Renewal Employee Application

Colorado Marijuana Enforcement Division
Renewal Employee Application Instructions

APPLICATION CHECKLIST

1. License Type

Employee: Any natural person who is physically working in a licensed Regulated Marijuana Business.

2. Application Completed & Signed – Applicable documents must be signed prior to submission to the MED. 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).

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact any Marijuana Enforcement Division office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application.

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 Submittal

Mail - Include copy of approved State or Gov't ID and Check or Money Order only - NO CASH:
Marijuana Enforcement Division
CDOR
Attn: MED/Marijuana
P.O. Box 17087
Denver, CO 80217-0087

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
ATTN: Licensing

4. Application Fee

Submit a NON-REFUNDABLE application fee for a two-year license.

Please see fee table for current fees - [SBG.Colorado.gov/Marijuana-Enforcement](https://sbgl.colorado.gov/marijuana-enforcement)

Check, credit card or money order accepted (NO CASH).

Make check or money order payable to: Colorado Department of Revenue (DOR).

NOTE: Incomplete applications will not be processed. Applicants must collect the incomplete application and fees from the Lakewood Office prior to the end of the next business day.

Employee License Renewal Application

Legal Last Name (Please Print)

Legal First Name

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

Date of Birth (MM/DD/YY) Social Security Number Other Social Security Numbers Used
(If "Yes", attach details.)..... Yes No

License Number or name of Marijuana Business Where You Work Job Title

Work Street Address

City State ZIP Code

Personal Physical Address

Address (include unit or apartment number)

City County State ZIP Code

Year(s) at Address Month(s) at Address Home Phone Number Cell Phone Number Email Address

Personal Mailing Address (if different from Physical Address)

Address (include unit or apartment number)

City State ZIP Code

1. Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against you or any Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? (Do not include patient information)..... Yes No

If "Yes", please explain below:

2. Are you delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? If Yes, please give details on a separate sheet. Attach any documents to prove your settlement on any of the issues. You must resolve any delinquencies prior to being issued a Colorado marijuana employee license..... Yes No
3. Are you delinquent in the payment of any child support? If so, you must provide an agreement to pay. Yes No
4. In the past 2 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? If Yes, please give details on a separate sheet and provide the disposition(s) for the arrest. Yes No

Affirmation & Consent

I,
state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Renewal Employee License Application, 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 denial of a Marijuana application or the revocation of the license. 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 your Full Legal Name below:

Legal Last Name (Please Print)

Legal First Name

Legal Middle Name

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 understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies 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 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 Applicant clearly below:

Legal Last Name (Please Print)

Legal First Name

Legal Middle Name

Signature

Date (MM/DD/YY)

Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.