COLORADO
Department of Revenue

Marijuana Enforcement Division

Marijuana Hospitality Business License Application

Application Checklist

☐ 1. 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. An applicant is prohibited from operating a Regulated Marijuana Business prior to obtaining all necessary approvals or licenses from both the State Licensing Authority and the local jurisdiction. **A separate application is required for each license.**

☐ 2. Application Contents

- ☐ Required Disclosures
- ☐ Main Application
- ☐ Authorization Forms
- ☐ Affirmation of Reasonable Care
- ☐ Publicly Traded Company (PTC)- Addendum A
- ☐ Qualified Private Fund (QPF)- Addendum B
- ☐ Qualified Institutional Investor (QII)- Addendum C
- ☐ Mobile Hospitality Business Addendum D

A separate application is required for each mobile licensed premises.

☐ 3. All Forms Signed and Attached

The following accompanying forms must be completed, signed and returned by each individual CBO and a representative for each CBO Entity with the initial application:

- ☐ Affirmation and Consent
- ☐ Tax Check Authorization
- ☐ Investigation Authorization / Authorization to Release Information
- ☐ Applicant's Request to Release Information
- ☐ Affirmation of Reasonable Care

☐ 4. Required Disclosures

- ☐ **See Application Required Disclosures (page 1 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.

☐ 5. 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. All businesses must provide one complete copy along with the applicable fee (see fee schedule). **Additional fees may be required by the local jurisdiction.**
- ☐ 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.

You are responsible for identifying your Local Licensing Authority. **No Transfers/Changes of Ownership applications will be accepted until after the state license is issued.**

☐ 6. 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: If using a delivery service such as FedEx or UPS, you will need to use the physical address. 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.

New Business Application Required Disclosures

☐ Consolidated Financial Statements (Must provide Balance Sheet, Income Statement & Cash Flow Statement for the previous calendar year), including auditors reports and footnotes, if applicable. (See separate PTC requirements on PTC Addendum)

- ☐ Audited (PTC only)
- ☐ Not Audited

☐ Copy of the Local license application, if required for a Regulated Marijuana Business.

☐ Organizational Chart, including the identity and ownership percentage of all CBO's.

☐ Certificate of Good Standing from jurisdiction where Entity was formed. (Must be U.S. or country that authorizes the sale of marijuana).

☐ Organizational documents including identity and physical address of the registered agent in Colorado.

Organizational Documents (Indicate which document is being provided)

- ☐ Articles of Incorporation
- ☐ By-Laws
- ☐ Shareholder Agreement
- ☐ Operating Agreement for LLC
- ☐ Partnership Agreement for Partnership

Corporate Governance Documents

- ☐ Required for Publicly Traded Companies
- ☐ Permitted, but not required for Privately held companies

☐ Proof of Possession of Licensed Premises (Indicate which document is being provided)

- ☐ Deed
- ☐ Title or Lease (Mobile Only)
- ☐ Lease
- ☐ Contract
- ☐ Sublease
- ☐ Rental Agreement

☐ Facility Diagrams – Provide a Legible and Accurate diagram for the facility. The diagram must include a plan for the Licensed Premises and a separate plan for the Security/Surveillance, including camera location, number and direction of coverage. If the diagram is larger than 8.5x11 inches, the Applicant must also provide a PDF copy of the diagram.

- ☐ Licensed Premises
- ☐ Security and Surveillance

☐ A copy of any contracts, agreements, royalty agreements, equipment leases, financing agreement, security contract or any other IFIH required to be disclosed by Rule 2-230(A)(3).

☐ A copy of any management agreement(s).

☐ Provide a list of any sanctions, penalties, assessments or cease and desist orders.

- ☐ N/A

☐ Provide proof of general liability insurance. (If already obtained, otherwise proof required by first renewal)

Addendums (Check all that are applicable):

- ☐ PTC
- ☐ QPF
- ☐ QII
- ☐ Mobile Hospitality Business

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 Corporation		

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)

Marijuana License Number (Leave Blank)

Marijuana Hospitality Business License Application

License Types:

- ◯ Hospitality Business
- ◯ Retail Marijuana Hospitality and Sales Business
- ◯ Mobile Hospitality Business
- ◯ Within a Retail Food Establishment

Applicant's Legal Business Name (Please Print)

Registered Trade Name (DBA)

Federal Taxpayer ID | Affiliated Colorado Sales Tax License # | Name of Registered Agent

Physical Address

Street Address of Hospitality Business | Business Phone Number

City | County | State/Prov | ZIP Code

Email Address

Mailing Address (If Different From Physical Address)

Address

City | State | ZIP Code

Main Business Contact Person Information

Primary Contact Person for Business | Primary Contact Phone Number

Primary Contact Email

Jurisdiction

Jurisdiction of Incorporation or Creation of Business Entity | Date (MM/DD/YY)

If a Corporation, List all Jurisdictions Where the Corporation is Authorized to Conduct Business

Ownership Structure

Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, Managers and any other individual that Controls the RMB.

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Direct Ownership % in Owner Entity

Direct Ownership % in RMB

Printed Legal Business Name

Printed Trade Name (DBA)

Indirect Financial Interest Holder

List those with 2 or more interests (PBO, lease, Intellectual Property agreements, finance and/or equipment lease agreements, etc.) or loans that are 50% or more of the operating capital as defined in Rule 2-230(A)(3).

Name of Interest Holder | Date of Birth | SSN/FEIN

Address

City | State | ZIP Code

Types of Interests

Name of Interest Holder | Date of Birth | SSN/FEIN

Address

City | State | ZIP Code

Types of Interests

Name of Interest Holder | Date of Birth | SSN/FEIN

Address

City | State | ZIP Code

Types of Interests

Name of Interest Holder | Date of Birth | SSN/FEIN

Address

City | State | ZIP Code

Types of Interests

1. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) under the age of twenty-one years? ○ Yes ○ No

2. Do you have or will you have possession of a licensed premises? ○ Yes ○ No

3. Have you obtained General Liability Insurance? ○ Yes ○ No

4. Are you a Person (Entity) applying for a license at a location that is currently licensed as a retail food establishment? If **Yes**, the provide details on a separate sheet and attach any applicable documents? ○ Yes ○ No

5. Is the proposed licensed premises of the Hospitality Business located within the premises of a Retail Food Establishment that currently holds an alcohol beverage license? If **Yes**, the provide details on a separate sheet and attach any applicable documents. ○ Yes ○ No

6. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Regulated Marijuana Business? If **Yes**, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency. ○ Yes ○ No

7. Has a judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign or security law or regulation, ever been filed or entered against the applicant, the applicant' parent company or any other intermediary business entity? If **Yes**, provide details on a separate sheet and attach any applicable documents. ○ Yes ○ No

8. In the past year, has the applicant (including any parent companies), been indicted, served with a criminal summons, 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. If **Yes**, provide details on a separate sheet and attach any applicable documents. ○ Yes ○ No

9. Has the applicant filed all Finding of Suitability applications required by the Division? (Attach copy(s) of approval letter(s)) ○ Yes ○ No

Local Licensing Authority (To be completed by Applicant)

Local Licensing Authority	Local Licensing Authority Contact Name & Title

Contact Phone	Contact Email

Does the local licensing authority permit this type of business in their jurisdiction? (Attach copy(s) of approval letter(s)) ○ Yes ○ No

Affirmation & Consent

I/We, _____ ,

as an owner(s) for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Hospitality Business License Application statements, attachments, and supporting schedules are true and correct to the best of my/our 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/We am/are aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the marijuana business application. I/We am/are voluntarily submitting this application to the Colorado Marijuana Licensing Authority, under oath, with full knowledge that I/We 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/We further consent to any background investigation necessary to determine my/our presentand continuing suitability and that this consent continues as long as I/We 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(s) electronically.

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)

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.

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), 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, 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

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)

Legal Last Name (Please Print)

Legal First Name

Full Middle Name

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/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, 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:

(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/we 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/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 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/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 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 Legal Business Name

Trade Name (DBA)

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

Signature | Date (MM/DD/YY)

Affirmation Of Reasonable Care – Private Company

Pursuant to subsections 44-10-309(4) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Passive Beneficial Owners, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I

as Controlling Beneficial Owner or Manager for

state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature | Date (MM/DD/YY)

Affirmation Of Reasonable Care – Publicly Traded Corporation

Pursuant to subsections 44-10-309(5) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Non-objecting Passive Beneficial Owner, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I

as Controlling Beneficial Owner or Manager for

state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

Date (MM/DD/YY)

Publicly Traded Company (PTC)

Stock Trading Symbol

Name of Exchange(s) Traded On

NAICS/SIC Code

Identify all regulatory agencies with oversight over the PTC's securities

Reporting agencies required reports submitted on:

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 request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Provide on a separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)

Number

Provide a description of the Publicly Traded Company's business and documents establishing the Publicly Traded Company (PTC) qualifies to hold a RMB license as referenced in 44-10-103(50).

Description

Attach a divestiture plan of any CBO that is prohibited by Section 44-10-307 that has had his or her Owner's License revoked or has been found unsuitable.

Attach the most recent list of Non-Objecting Beneficial owners possessed by the PTC.

Identify the type of permitted transaction, (i.e. Merger, Investment, or Public Offering) and attach all supporting documentation.

Questions

Confirm that the PTC is current with all required filings pursuant to any applicable requirements by any securities regulatory authority including, but not limited to, the United States Securities and Exchange Commission or the Canadian Securities Administrators.

◯ All Current ◯ Not Current (If not, explain on a separate sheet.)

Confirm that all mandatory filings for CBO's as required by any securities regulatory authority, including, but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators, have been filed and the MED has been provided concurrent notice with the filing. If No, explain on a separate sheet:

◯ Yes ◯ No

Qualified Private Fund (QPF)

Identify all regulatory agencies with oversight over the QPF's securities.

Reporting agencies required reports submitted on:

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 request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Provide on separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)

Number

Provide a description of the QPF's business and documents establishing the QPF qualifies to hold a RMB license.

Description

Questions

Confirm that the QPF is current with all required filings pursuant to any applicable requirements by any securities regulatory.

◯ All Current ◯ Not Current (If not, explain on a separate sheet.)

Confirm that **all** required findings of suitability, including all QPF managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB, have been obtained **prior to** the QPF becoming effective. If No, explain on a separate sheet.

◯ Yes ◯ No

Qualified Institutional Investor (QII)

Identity(ies) of all Regulators with oversight over the QII's securities

Reporting agencies required reports submitted on:

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 request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Provide on separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)

Number

Provide a description of the QII's business and documents establishing the QII qualifies to hold a RMB license.

Questions

Confirm that the QII is current with all required filings pursuant to any applicable requirements by any securities regulatory.

◯ All Current ◯ Not Current

If Not Current, Explain.

Confirm that **all** required findings of suitability including all QII managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB have been obtained **prior to** the QII becoming effective.

◯ Yes ◯ No

Addendum D - Mobile Hospitality Business Addendum

Identify vehicle used as licensed premises

Vehicle Make	Vehicle Model	Vehicle Year

License Plate Number	PUC Permit Number

VIN

Is the mobile premises compliant with all state and local registration and permitting requirements? ..... ◯ Yes ◯ No

Provide the following:

- **a.** Documentation that the mobile licensed premises is owned or leased by the Marijuana Hospitality Business.
- **b.** The automatic Vehicle Identification Tag (If applicable).
- **c.** A copy of a valid permit issued by the Public Utilities Commission (PUC) to the licensed hospitality business.

By signing below, you affirm that the mobile licensed premises has or will have the following prior to operation:

- **a.** A global position system for tracking of the mobile licensed premises.
- **b.** Written standard operating procedures that address the logging of the route(s).
- **c.** Video surveillance inside of the licensed premises, including entry and exit points to the mobile licensed premises and the driver's area of the vehicle.
- **d.** Proper ventilation within the vehicle, which includes, if marijuana is smoked or vaped in the licensed premises, that air is not circulated into the driver's area of the licensed premises.
- **e.** Policies and procedures to ensure that no Regulated Marijuana is possessed or consumed in the area designated to seat the driver and front seat passenger in the licensed premises.
- **f.** Methods to ensure consumption activity is not visible outside the vehicle.
- **g.** Policies, procedures or other measures to ensure that consumers are prohibited from entering the driver's area of the mobile licensed premises.
- **h.** The Marijuana Hospitality Business license is displayed on the dashboard of the mobile licensed premises.
- **i.** General Liability Insurance.
- **j.** All Controlling Beneficial Owners and employees of a Licensed Hospitality Business shall have a valid responsible vendor designation as required in section 44-10-609, C.R.S., and described in the 3-500 Series Rules.

Last Name	First Name	Full Middle Name

Signature	Date (MM/DD/YY)