

Colorado Marijuana Enforcement Division

Marijuana Cultivation Plant Count Increase Application Instructions

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.

A separate application is required for EACH request.

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

2 All Forms Signed & Attached

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

- Affirmation & Consent
- Other Documents/Information as Required

3 Required Information for Retail Marijuana Tier Increase/Medical Cultivation Class Increase

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

- Internal Sales Records for previous two (2) quarters (Non-METRC internal wholesale records OR one-sheet summary of METRC reports)
- Cultivation Records reflecting accurate plant count for previous 180 days (Monthly plant trend report)

4 Retail/Medical Extended Plant Fee – Payable upon Approval of Application (Fee owed will be provided at time of approval)

See fee table on website: www.colorado.gov/revenue/med

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

5 Application Submittal

Plant count increase applications may be submitted in person or mailed in. If delivered in person, check in at the desk and request to meet with an Intake Specialist. All applications and attachments shall be submitted to:

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

NOTE: Incomplete applications WILL NOT be processed.

Colorado Marijuana Licensing Authority Marijuana Cultivation Plant Count Increase Application

Current License Type			
<input type="checkbox"/> Retail Marijuana Cultivation Facility – Tier _____ <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Mixed		<input type="checkbox"/> Medical Marijuana Cultivation – Class _____ <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Mixed	
Applying for Increase Type			
<input type="checkbox"/> Retail Cultivation Facility Tier Increase	<input type="checkbox"/> Tier 2 (1,801 – 3,600 plants) <input type="checkbox"/> Tier 3 (3,601 – 6,000 plants) <input type="checkbox"/> Tier 4 (6,001 – 10,200 plants) <input type="checkbox"/> Tier 5 (10,201 – 13,800 plants) <input type="checkbox"/> Tier 5 Plus (13,801 – Increase of 3,600 plants per)	<input type="checkbox"/> Medical Cultivation Class Increase	<input type="checkbox"/> Class 2 (501-1,500 plants) <input type="checkbox"/> Class 3 (1,501-3,000 plants) <input type="checkbox"/> Class 3 Plus (3,001 – Increase of 3,000 plants per)
Tier 5 Plus Increase Requested: _____ (i.e. 5a = 13,801-17,400, 5b = 17,401-21,000 plants, etc.)		Class 3 Plus Increase requested: _____ (i.e. 3a = 3,001-6,000, 3b = 6,001-9,000 plants, etc.)	
Applicant's Legal Business Name (Please Print)		Marijuana Business License Number	
Trade Name (DBA)		Website Address	
Physical Address			
Street Address of Marijuana Business			
City	County	State	ZIP
Contact Person			
Primary Contact Person for Business		Title	
Primary Contact Phone Number		Primary Contact Email Address	

**Cultivations without 180 day history pursuant to
Rule 5-225 (E)(2)(e) and 6-220(E)(2)(e).**

Are you applying for a plant increase without 180 day history pursuant to the rules above?

Yes No

Please list associated business license numbers.

Please list the CBOs of the associated businesses.

Marijuana Cultivation Plant Count Increase Application

Brief Explanation of Reason for Increase:

Affirmation & Consent

I, _____, as an owner for the applicant, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Cultivation Plant Count Increase 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 denial of a Marijuana Cultivation Plant Count Increase 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 or revocation of the application approval. 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.

Print Full Legal Name clearly below (Please Print or Type)

Applicant's Legal Business Name		Trade Name (DBA)	
Owner's Last Name (Please Print)	Owner's First Name	Owner's Middle Name	
Owner's Signature			Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			REQUIRED

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