



COLORADO
Department of Revenue
Enforcement Division – Marijuana

Marijuana Off-Premises Storage Permit Application

Marijuana Enforcement Division

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: www.colorado.gov/revenue/med

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

- Submit complete original or scanned application packet.
- Cash, checks (in the name of the applicant or applicants attorney's trust account), money orders and major credit cards (subject to service charge).
- Mail-in applications can only be paid by check or money order.

4 Application Submittal

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

Marijuana Enforcement Division
1697 Cole Blvd., Suite 200, Lakewood, CO 80401
ATTN: Business Licensing

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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| Marijuana Permit Number Assigned by Division |
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Colorado Marijuana Licensing Authority

Off-Premises Storage Permit Application

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|--|---------------------|-----------------------|---|
| License Type (Check all that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Medical <input type="checkbox"/> Transporter | | | |
| Applicant's Legal Business Name (Please Print) | | | |
| Trade Name (DBA) | | | |
| Website Address | | | |
| License number with which storage facility will be associated | | | |
| Physical Address | | | |
| Street Address of Off-Site Location | | | |
| County | City | State | ZIP |
| Email Address | | Business Phone Number | |
| Mailing Address (if different from Physical Address) | | | |
| Street Address | | | |
| City | | State | ZIP |
| Does the applicant 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. <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ | | | |
| Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this storage facility. This diagram should be no larger than 8 1/2" X 11". Please also include the security plan. (It does not have to be to scale) | | | |
| Local Licensing Authority (To be filled out by Applicant) | | | |
| Local Licensing Authority/Jurisdiction | | | |
| Local Licensing Authority Contact Name | | | |
| City | | State | ZIP |
| Contact Email | | Contact Phone Number | |
| Has the Licensee been granted approval of the Off-Premises Storage Permit application by the local licensing authority? (If required) | | | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| 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 |