



COLORADO
Department of Revenue
Enforcement Division – Marijuana

Marijuana R&D Co-Location Permit Application

Marijuana Enforcement Division

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R&D Co-Location 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.
- You are responsible for knowing who your Local Licensing Authority is.
- 4 Application Submittal**
Applications can be submitted in person or by mail with all attachments and requisite fees:
Marijuana Enforcement Division
11 J7 Cole Blvd., Suite 000, 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.

Marijuana Permit Number (Assigned by Division)
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Colorado Marijuana Licensing Authority
R&D Co-Location Permit Application

Legal Business Name (Please Print)			
Trade Name (DBA)		Website Address	
R&D License Number with which Co-Location Permit will be associated			
License Number(s) of commonly-owned RMB with which R&D license will be co-located			
Physical Address			
Street Address of Co-Location Business			
County	City	State	Zip
Business Phone Number	Email Address		
Does the licensee 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 Co-Location Business area to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances and exits. This diagram should be no larger than 8 ½" X 11". Please also include the security plan. (It does not have to be to scale)			
Pursuant to rule 5-705(B)(4), prior to operating in the same Licensed Premises pursuant to an R&D Co-Location Permit, the Marijuana Research and Development Facility shall submit a co-location plan and standard operating procedures to the Division.			
Co-location plan provided with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Local Licensing Authority (To be filled out by Applicant)			
Local Licensing Authority/Jurisdiction			
City		State	Zip
Local Licensing Authority contact name	Contact Phone	Contact Email	
Has the Licensee been granted approval of the Co-Location permit by the local licensing authority? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No			
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



Payment Options:

You may pay by check, money order, bank check, cashier's check, eCheck or credit card. **DO NOT** send cash in the mail.

If you wish to pay by credit card or eCheck, please mark that below and the link to the Colorado Interactive Payment site will be emailed to you. However, there is a fee associated with either type of payment and will be displayed at the time of checkout on the Payment portal.

Please note the charge will show as *Colorado Department of Revenue* on your bank statement. If you do not have sufficient funds and the payment is returned, you will be charged a \$41 short check fee (as authorized by statute).

Type of payment being submitted:

Check Money Order Cashier's/Bank Check email payment link