



COLORADO
Department of Revenue
Enforcement Division – Marijuana

**Marijuana Enforcement Division
Responsible Vendor
Registration Application**

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Responsible Vendor Registration 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.

2 All Requested Information Attached

The following information requested on the application must be attached:

- Copy of Training Program Curriculum (including but not limited to, course evaluation, all training materials, exam, key, etc.)
- Certificate of Good Standing from the Colorado Secretary of State's Office
- Certificate of Trade Name from the Colorado Secretary of State's Office

3 Renewal Applications Only

On a separate piece of paper, please list all businesses and individuals that have successfully completed training in the last two (2) years.

4 Application Fee

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

The NON-REFUNDABLE application fee for a two-year Registration, is submitted at the time of application (please see fee schedule on website). Cash, check, credit card, or money order accepted. Make check or money order payable to: Colorado Department of Revenue (DOR) Bring in or mail the application and all attachments to:

Marijuana Enforcement Division
11 J7 Cole Blvd., Suite 000
Lakewood, CO 80401

Colorado Marijuana Licensing Authority Responsible Vendor Registration Application

<input type="checkbox"/> Renewal			
Applicant's Legal Business Name (Please Print)		Responsible Vendor Number (Assigned by Division)	
Trade Name (DBA) (Provide Trade Name Registration)		Website Address (to be posted on Provider page)	
Physical Address			
Street Address of Business		City	State ZIP
Business Phone Number	Cell Phone Number	Email Address	
Federal Tax Payer ID		Colorado Sales Tax License #	
Mailing Address (if different from Business Address)			
Address		City	State ZIP
Primary Contact Person for Business		Primary Contact Phone Number	
Primary Contact Address (city, state ZIP)		Secondary Phone Number	
Email Address			
State of Incorporation or Creation of Business Entity		Entity ID number shown on Secretary of State Registration	Date
Date of Qualification to Conduct Business in Colorado (Provide Certificate of Good Standing from the Colorado Secretary of State's Office)			
If a Corporation, List all States Where the Corporation is Authorized to Conduct Business			
List all Trade Names used by the Business Entity (other than above)			
Methods of Training Delivery <input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Both		* If online, please explain on a separate piece of paper how you will satisfy: 1. ID verification of person registered and completing the class 2. Inter-activity in the training	
I, _____, attest to the following: a) curriculum must be updated within 30 days of rule changes; b) failure to provide revision requests in a timely manner may result in denial; c) course evaluations must be solicited from trainees; d) training records will be kept and provided upon demand; e) training programs (online or in-person) must be taught in a classroom setting in order to verify the ID and certify completion of each individual.			
Signature of Owner			Date

Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest.

Name	Title		SSN/FEIN	DOB
Address (Home)	City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title		SSN/FEIN	DOB
Address (Home)	City	State	ZIP	Phone Number
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Name	Title		SSN/FEIN	DOB
Address (Home)	City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant



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