



**MARIJUANA BUSINESS LICENSE  
APPLICATION CHECKLIST**

Applications will be accepted by appointment only. Call 303-289-3611 to schedule an appointment.

Applications must be complete in all aspects. Please organize your application documents in the same order as the checklist below and place the checklist on top. Incomplete applications will not be accepted. All documents must be signed and notarized prior to submission appointment.

Required Documents	
	<b>Retail:</b> Retail Marijuana Business License Application (Form DR 8548 dated 4/14/16)
	<b>Medical:</b> Medical Marijuana Business License Application (Form DR 8530 dated 4/15/16)
	<b>Both:</b> Marijuana Business Financial Declaration Form (Form DR 8541 dated 4/12/16)
	<b>Both:</b> Key Associated Person Application (Form 8520 dated 4/22/16)
	<b>Both:</b> Permitted Economic Interest Registration (Form DR 8555 dated 4/14/16) if applicable
	<b>Both:</b> Letter of Intent (Commerce City Form)
	<b>Both:</b> Affirmation and Consent
	<b>Both:</b> Authorization to Use Property for a Retail Marijuana Business (required if applicant is not the owner of the proposed licensed premises) (Commerce City Form)
	<b>Both:</b> Proposed Operating Plan (Commerce City Form)
	<b>Both:</b> Commerce City Building Permit Application (copy)
	<b>Both:</b> Commerce City Zoning Report
	<b>Both:</b> Floor Plan and Security Diagram Checklist (Commerce City Form)
	<b>Both:</b> Security Plan Narrative (Commerce City Form)
	<b>Both:</b> Commerce City Business License Application
	<b>Both:</b> Commerce City Background Cover Letter
	<b>Both:</b> Commerce City Background Application