



COLORADO
Department of Revenue
Specialized Business Group—Marijuana

Marijuana Finding of Suitability Application – Natural Person

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division**Natural Person – Finding of Suitability Application Instructions****APPLICATION CHECKLIST** **1 Application Type**

Owner: Any Natural Person who holds 10% interest or more of the Owner's interest of a RMB; Executive Officer, Manager or any other Person or affiliate that is otherwise in a position to execute Control of the RMB.

 2 Application Fully Completed

Type or clearly print, in English, an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application. **Attach a copy of your state issued or Government ID (i.e. passport) or driver's license.**

Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

 3 Application Contents

- Disclosure Requirements
- Main Application
- Authorization Forms
- Fingerprint Verification Form
- Identogo Instructions

The disclosure requirements and the main application must be completed in full by all applicants.

 4 All Forms Signed and Attached

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

- Affidavit- Restrictions on Public Benefits
- Affirmation and Consent
- Tax Check Authorization and Request to Release Information
- Investigation Authorization / Authorization to Release Information
- Applicant's Request to Release Information
- Affirmation of Eligibility for Social Equity License

 5 Required Disclosures

- See Suitability Required Disclosures (page 1 of application)**
- Upon request by the Division, an applicant must provide additional information or documents required to process and investigate the application, within seven (7) days of the request. Please note: This deadline may be extended for a period of time commensurate with the scope of the request.

 6 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 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

 7 Application Submittal

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

Marijuana Enforcement Division
1707 Cole Blvd., Suite 300
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 courier), from the Lakewood Office prior to the end of the next business day.

Suitability Required Disclosures

What type of application will this suitability be associated with?

- New Business (All required Findings of Suitability must first be obtained prior to any new business application submission).
- Change of Ownership with license # _____
(Applications for Finding of Suitability associated with Change of Ownership applications must be submitted at the same time).
- Change of Ownership Exemption with license # _____
- Social Equity Program

Provide 180 days of account statements used to acquire ownership or proof of ownership, for 180 days, of other assets being used to secure ownership interest.

Provide a copy of a State issued or Government ID (state issued Driver's License, state issued ID or Government issued passport)

Fingerprint information (see instructions provided in the application)

Glossary of Terms:

RMB - Regulated Marijuana Business

CBO - Controlling Beneficial Owner

PBO - Passive Beneficial Owner

IFIH - Indirect Financial Interest Holder

QII - Qualified Institutional Investor

QPF - Qualified Private Fund

PTC - Publicly Traded Company

Pursuant to 44-10-305(4) prior to submitting an application for a license, registration or permit, the applicant needs to be aware that having a medical marijuana or retail marijuana license and working in the medical marijuana or retail marijuana industry may have adverse federal immigration consequences.

Affirmation of complete application

Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>	Printed Name	Date
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REQUIRED

Marijuana License Number (Leave Blank)
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Natural Person Finding of Suitability Application Form

Applicant's Last Name (Please Print)		First Name (Please Print)		Full Middle Name	
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)			Nicknames, Aliases, Etc. Used (Full Name) (Attach separate sheet if necessary)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X		Race <input type="checkbox"/> Asian <input type="checkbox"/> Mixed Race <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Undisclosed/Unknown			
Date of Birth	Social Security Number	Government Issued ID & Jurisdiction			
Place of Birth: City			State/Prov	Country	
Physical Appearance →	Height	Weight	Hair Color		Eye Color
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", List Country of Citizenship				
Physical Address					
Address (include unit or apartment number)		City		County	State/Prov ZIP
Length of time at this Address:		Home Phone Number	Cell Phone Number	Email Address	
Year(s)	Month(s)	()	()		
Mailing Address (if different from Physical Address)					
Address (include unit or apartment number)		City		State/Prov	ZIP
Why are you applying for this application? (Check one of the following):					
<input type="checkbox"/> CBO <input type="checkbox"/> PBO <input type="checkbox"/> Executive Officer <input type="checkbox"/> Social Equity <input type="checkbox"/> Manager <input type="checkbox"/> Reasonable Cause					
Position Held					
Name of Marijuana Business Associated with			Marijuana Business Phone Number ()	Marijuana Business Contact Name	
Marijuana Business Address			City	State	ZIP
Applicant's Signature				Date	
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER				REQUIRED	

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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NOTICE: The Finding of Suitability Application Form is an official document. If you provide false information on your marijuana license application and/or do not disclose all information the application asks, your license is subject to denial, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information.

1. Have you been convicted of a felony in the 3 years immediately preceding this application? (Unless charge was prior to age 18 and was adjudicated as a juvenile)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently subject to a sentence for a felony conviction, including probation or parole? (Unless charge was prior to age 18 and was adjudicated as a juvenile)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently subject to a deferred judgment? (Unless charge was prior to age 18 and was adjudicated as a juvenile)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Regulated Marijuana Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you a licensed Physician making marijuana patient recommendations? (Medical Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had your authority to act as a primary caregiver revoked by the State Health Agency? (Medical Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you under 21 years of age at the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee with the marijuana state licensing authority or a local licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you a Person that is a "Bad Actor" under rule 506(d) promulgated pursuant to the Federal "Securities Act of 1933", as amended and subject to 17CFR230.506(d)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you a person that is prohibited from engaging in transactions pursuant to this Article 10, due to its designation on the "Specially Designated Nationals and Block Person" list maintained by the Federal Office of Foreign Assets Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have thoroughly read and understand the questions above, and understand that I **cannot** hold a Colorado Marijuana license if I answered "Yes" to any of the questions above.

Applicant's Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>	REQUIRED	Date
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Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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Licensing	
<p>1. Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the Finding of Suitability Application. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses.</p>	<input type="checkbox"/> None
<p>2. Have you or any business entity owned by you, ever owned or applied for a Marijuana license in this or any other jurisdiction, foreign or domestic? If so, have you ever been subject to any of the following actions: (1) denial; (2) surrender; (3) order to show cause; (4) suspension; (5) revocation; (6) stipulation or settlement. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Do you now own, have ever owned, or otherwise derive(d) a benefit from assets held outside the United States (other than Canada)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign security law or regulation ever been filed or entered against you or a business entity? If YES, explain on a separate sheet of paper.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you or are you involved in a civil lawsuit in regards to a marijuana business? If YES, provide details on a separate piece of paper.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. List any sanctions, penalties, assessments, or cease and desist orders imposed by any securities regulatory agency, other than the United States Securities and Exchange Commission. (Provide on a separate sheet.)</p>	

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Financial History	
If known, please submit all executed agreements or documents that grant you any right to any percent of ownership or percent of income from the Colorado Marijuana business with which you are associated.	
1. Amount to otherwise be invested or loaned in business:	\$
2. Percentage of ownership this amount represents:	%
3. Investment will be derived from the following sources:	
4. Has your interest in this Marijuana establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:	

Income	
Annual Income	
Salary (Source):	\$
Salary (Source):	\$
Interest (Source):	\$
Interest (Source):	\$
Dividends (Source):	\$
Dividends (Source):	\$
Other (Source):	\$
Other (Source):	\$
Total	\$

Applicant's Initials _____



Affidavit - Restrictions On Public Benefits

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Date (MM/DD/YY)

Affirmation & Consent

I, _____, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Natural Person Finding of Suitability Application Form, 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 refusal to issue a Marijuana license 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 of the Marijuana application. 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. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana license.

Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Print Full Legal Name of Applicant clearly below:

Last Name of Applicant (Please Print)	First Name of Applicant	Middle Name of Applicant
Signature	<small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>	
	REQUIRED	Date

Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

Tax Check Authorization and Request To Release Information

I _____ am signing this waiver on behalf of _____ (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 44-10-202(1) and 44-10-307(1)(e), C.R.S. This waiver is made pursuant to section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an employee license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file any state tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

Applicant/Licensee authorizes the Colorado Department of Revenue and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist the Colorado Department of Revenue and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

Applicant's Name (Individual/Business)		Social Security Number/Tax Identification Number		
Street Address		City	State	Zip Code
Home Telephone Number		Business/Work Telephone Number		
Legal Last Name (Please Print)		Legal First Name		Full Middle Name
Applicant's Signature				Date

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Investigation Authorization/Authorization to Release Information


I, _____, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of Owner clearly below:

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER



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Applicant's Request to Release Information

TO: (Leave this Blank)	FROM: (Applicant's Printed Name)	
<ol style="list-style-type: none"> 1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege. 2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. 3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets. 4. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit: <ol style="list-style-type: none"> (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might; (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request: (c) To place the name of the agent presenting this request in the appropriate location on this request. 5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. 6. This power of attorney ends twenty-four (24) months from the date of execution. 7. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. 8. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request. 9. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original. 		
Applicant's Last Name (Please Print)	First Name	Full Middle Name
Signature		Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER		REQUIRED

Affirmation of Eligibility for Social Equity License

Applicant affirms that, prior to submission of this application, he/she was compliant with the following criteria established pursuant to section 44-10-308 (4), C.R.S., and that he/she qualifies to be a social equity licensee.

1. The applicant is a Colorado resident.
 - a. Applicant may demonstrate his/her residency by submitting
 - 1) A current valid Colorado driver's license or Colorado identification card with a current address
 - 2) A government issued photo identification and two (2) of the following documents:
 - Utility or telephone bill
 - Vehicle registration
 - Voter registration card
 - Statement from a major creditor
 - Bank statement
 - Recent County tax notice
 - Recent contract/mortgage statement
2. The applicant has not previously owned a Regulated Marijuana Business that was subject to revocation.
3. The applicant has demonstrated at least one of the following: (Check at least one of the applicable criteria)
 - The applicant resided for at least fifteen (15) years between the years 1980 and 2010 in a census tract designated by the Office of Economic Development and International Trade as an Opportunity Zone, or designated as a Disproportionate Impacted Area. (A Disproportionate Impacted Area is defined as a census tract in the top 15% of the following: (a) unemployment, (b) school dropout rates, (c) poverty, or (d) the number of individuals receiving public assistance.)
 - a. To demonstrate the Applicant residence during the relevant time period he/she may submit:
 - School records, rental or lease agreements, utility bills, mortgage statements, loan documents, bank records, tax returns, or other documents which proves the applicant's residency
 - An affirmation, under penalty of perjury, of the applicant's residence and provide the name(s) and contact information for at least one individual who can verify the applicant's place of residency during the time period at issue.
 - The applicant or applicant's parent, legal guardian, sibling, spouse, child, or minor in their guardianship was, (a) arrested for a marijuana offense, (b) convicted of a marijuana offense, or (c) was subject to civil asset forfeiture related to a marijuana investigation.
 - a. The applicant must provide affirmation of the familial relationship, and court or other documents demonstrating the family member's arrest or conviction or that the family member was subject to asset forfeiture related to a marijuana investigation
 - The applicant's household income in the year prior to application did not exceed fifty percent (50%) of the state median income as measured by the number of people who reside in the Applicant's household.
 - a. The applicant must provide his/her tax return for the prior year
4. The applicant, or collectively one or more social equity proposed licensees, will hold at least fifty-one percent (51%) ownership of the Regulated Marijuana Business.

I, _____, as the applicant for this New Regulated Marijuana Social Equity
Print

Business state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Date



Verification of Fingerprints

(disregard this form if you are being printed with IdentGO)

<p>This form is to be completed by representative taking the applicant's fingerprints.</p> <p>Please print or type all information other than signature.</p>	
<p>Reason for Fingerprinting:</p> <p> <input type="checkbox"/> Finding of Suitability <input type="checkbox"/> Transporter License <input type="checkbox"/> CBO Renewal <input type="checkbox"/> Operator License </p>	
Name of Applicant	MED License Number (If Applicable)
Name of Representative Taking Fingerprints	Title
Name of Agency Taking Fingerprints	ORI # (If applicable)
<p>Applicant's Identity Verified By:</p> <p> <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport </p>	
Document #	
Signature of Representative Taking Fingerprints <small style="color: gray;">THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>	Date

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How to use the Identogo website

(<https://uenroll.identogo.com>)

1 Enter the MED Service Code

Code is: **25YGBJ**

(do not do anything with the options at the bottom of the page or you will be misdirected)

2 Choose Schedule or Manage Appointment

3 Enter the required information on each of the following screens:

- Essential info
- Citizenship
- Personal questions
- Personal info
- Address
- Documents
(what form of ID do you wish to use to confirm Identity)
- Location
(here is where you will enter your zip code to find a location near you)
- Choose the site you wish to go to by clicking on the expand arrow, then click the next button within that section
- Date and Time
(choose the date and time you want to set for your appointment.), then click **submit**.

4 At your fingerprint appointment

You will be required to pay the \$49.50 fee.

5 Once your fingerprints are scanned, they will be sent directly to CBI

If you are out-of-state, you will be **REQUIRED** to pay an additional fee (\$39.95) to submit the prints to Colorado.

6 Keep your receipt and send a copy of it with your application packet

7 Additional Information

- **DO NOT** call the site you wish to visit, as they may provide inaccurate information. Stick to the website.
- If you have questions or problems, please contact michelle.bauman@state.co.us via email.



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