



COLORADO
Department of Revenue
Specialized Business Group—Marijuana

Marijuana Finding of Suitability Application – Owner Entity

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Owner Entity - Finding of Suitability Application Instructions

APPLICATION CHECKLIST

1 Application Type

Owner Entity: Any Entity that holds 10% interest or more of the Owner's interest of an RMB; Executive or Qualified Institutional Investors holding 30% or more of the RMB, or any other Entity or affiliate that is otherwise in a position to execute control of the RMB. (Natural Person Suitability Application must be submitted with the Owner Entity application prior to any new business application submission.)

2 Application Fully Completed

One authorized representative of the entity will be responsible for completing this application. 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.

3 Application Contents

- Disclosure Requirements
- Main Application
- Authorization Forms
- Publicly Traded Company (PTC) Addendum A
- Qualified Private Fund (QPF) Addendum B
- Qualified Institutional Investor (QII) Addendum C

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.

- Affirmation & Consent
- Tax Check Authorization
- Investigation Authorization/Authorization to Release Information
- Applicant's Request to Release Information
- Affirmation of Reasonable Care

5 Required Disclosures

- See Application 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 original or scanned application packet and one complete copy (if a copy is required by the local jurisdiction). **Additional fees may be required for local jurisdiction - see fee schedule.**
- 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 or their representative 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.

Owner Entity 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 # _____

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

Organizational Chart, including the identity and ownership percentage of all CBOs, if applicable.

Certificate of Good Standing from jurisdiction where Entity was formed. (Must be U.S. or country that authorizes the sale of marijuana).

Organizational documents including identity and physical address of the registered agent in Colorado.

Organizational documents (Indicate which document is being provided)

- | | | | | |
|--|----------------------------------|--|--|--|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> By-Laws | <input type="checkbox"/> Shareholder agreement | <input type="checkbox"/> Operating Agreement for LLC | <input type="checkbox"/> Partnership Agreement for partnership |
|--|----------------------------------|--|--|--|

Corporate Governance Documents

- | | |
|---|---|
| <input type="checkbox"/> Required for Publicly Traded Companies | <input type="checkbox"/> Permitted, but not required for Privately held companies |
|---|---|

Addendums:

- PTC QPF QII

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
---	--------------	------

REQUIRED

Marijuana License Number (Leave Blank)
--

Entity Finding of Suitability Application Form

Entity Name (Please Print)				
Trade Name (Please Print)				
Physical Address				
Address (include unit or apartment number)				
City	State/Prov	ZIP	Country	FEIN
Contact Name		Contact Email Address		Contact Phone Number
Mailing Address (if different from Physical Address)				
Address (include unit or apartment number)			City	State/Prov ZIP
Name of licensed Marijuana business you plan to be associated with				Work Phone Number
1. Does this entity currently possess a Colorado Marijuana license or is it associated with any other type of Colorado Marijuana license? If "Yes", indicate license type and number here:				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Provide a list of any privileged or professional licenses, with license numbers, the entity holds or has held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses.				<input type="checkbox"/> None
3. Has this entity 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.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does this entity own, or has it ever owned, or otherwise derive(d) a benefit from assets held outside the United States(other than Canada)? If YES, then identify the country and the type of asset(s).				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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 this business entity? If YES, explain on a separate sheet of paper.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's Signature				Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER				REQUIRED

Legal Entity Name (Please Print)

NOTICE: The Finding of Suitability Application Form is an official document. If you provide false information on this application and/or do not disclose all information the application asks, your application 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. Has this Entity or any of its CBOs, (including Executive Officers and Managers), been convicted of a felony in the 3 years preceding this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this Entity or any of its CBOs, (including Executive Officers and Managers), subject to a sentence for a felony conviction, including probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is this Entity or any of its CBOs, (including Executive Officers and Managers), currently subject to a deferred judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has this entity or any of its Controlling Beneficial Owners (CBO's), (including Executive Officers or Managers), failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the applicant a publicly traded entity that does NOT constitute a Publicly Traded Company as defined in Article 10?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does this entity have a CBO, Passive Beneficial Owner or Indirect Financial Interest Holder that is organized or formed under the laws of a country determined by the United States Secretary of State to have repeatedly provided support for acts of international terrorism or is included on the list of "Covered Countries" in Section 1502 of the Federal "Dodd-Frank Wall Street Reform and Consumer Protection Act", Pub.L. 111-203?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does this entity have a CBO that is an "Ineligible Issuer" pursuant to section 44-10-103(50)(d)(I)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the entity a CBO, Passive Beneficial Owner or Non-objecting Passive Beneficial Owner or Indirect Financial Interest Holder that is a "Bad Actor" under rule 506(d) promulgated pursuant to the Federal Securities Act of 1933, as amended and subject to 17 CFR 230.506(d)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does this entity have a CBO, Passive Beneficial Owner or Indirect Financial Interest Holder that is prohibited from engaging in transactions pursuant to this Article 10, due to its designation on the "Specially Designated Nationals and Blocked Persons" 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

THIS FORM MUST BE SIGNED IN ACROBAT PRO OR READER

REQUIRED

Date

Ownership Structure - Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, Managers and any other individual that Controls the RMB.

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

Legal Entity Name (Please Print)	
1. Is this entity currently or has this entity been involved in a civil lawsuit in regards to a marijuana business. If YES, provide details on a separate sheet of paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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.)	
Financial History	
1. Amount paid for Owners Interest:	\$
2. Amount of Owners Interest held:	%
3. Investment will be derived from the following sources:	
4. Has the entities 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:	

Applicant's Initials _____

Affirmation & Consent

I, as a representative for, _____, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire 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:

Applicant's Last Name (Please Print)	Applicant's First Name	Applicant's Middle Name
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)	
Applicant's Last Name (Please Print)	Applicant's First Name	Applicant's Middle Name	
Signature			Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			REQUIRED

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.

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 Legal Business Name		
Trade Name (DBA)		
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

Addendum A - Entity Suitability Application

Publicly Traded Company (PTC)		
Please provide:		
Stock Trading Symbol	Name of Exchange(s) Traded On	NAICS/SIC Code
Identify all regulatory agencies with oversight over the PTC's securities		
Reporting agencies required reports submitted on:		
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.)		
Date of Registration with the Department of Regulatory Agencies (DORA)	Number	
Provide a description of the Publicly Traded Company's business and documents establishing the Publicly Traded Company (PTC) qualifies to hold a RMB license as referenced in 44-10-103 (50).		
Description		
<p>Attach a divestiture plan of any CBO that is prohibited by Section 44-10-307 that has had his or her Owner's License revoked or has been found unsuitable.</p> <p>Attach the most recent list of Non-Objecting Beneficial owners possessed by the PTC.</p> <p>Identify the type of permitted transaction, i.e. Merger, Investment, or Public Offering and attach all supporting documentation.</p>		
Questions		
<p>Confirm that the PTC is current with all required filings pursuant to any applicable requirements by any securities regulatory authority including, but not limited to, the United States Securities and Exchange Commission or the Canadian Securities Administrators, and has provided notice to the Division of all non-confidential filings within 2-days of filing.</p> <p><input type="checkbox"/> All Current <input type="checkbox"/> Not Current (If not, explain on a separate sheet)</p>		
<p>Confirm that all mandatory filings for CBO's as required by any securities regulatory authority, including, but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators, have been filed and the MED has been provided concurrent notice with the filing. If No, explain on a separate sheet:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		

Addendum B - Entity Suitability Application

Qualified Private Fund (QPF)

Please provide:

Identify all regulatory agencies with oversight over the QPF's securities

Reporting agencies required reports submitted on:

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.)

Date of Registration with the Department of Regulatory Agencies (DORA)

Number

Provide a description of the QPF's business and documents establishing the QPF's qualifies to hold a RMB license.

Description

Questions

Confirm that the QPF is current with all required filings pursuant to any applicable requirements by any securities regulatory.

All Current Not Current (If not, explain on a separate sheet)

Confirm that ALL required findings of suitability, including all QPF managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB, have been obtained PRIOR TO the QPF becoming effective. If No, explain on a separate sheet:

YES NO

Addendum C - Entity Suitability Application

Qualified Institutional Investor (QII)

Please provide

Identity(ies) of all Regulators with oversight over the QII's securities

Reporting agencies required reports submitted on

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.)

Date of Registration with the Department of Regulatory Agencies (DORA)	Number
--	--------

Provide a description of the QII's business and documents establishing the QII's qualifies to hold a RMB license.

Questions

1. Confirm that the QII is current with all required filings pursuant to any applicable requirements by any securities regulatory.

Current

Not Current

If Not Current, explain.

2. Confirm that ALL required findings of suitability including all QII managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB have been obtained PRIOR TO the QII becoming effective

Yes No



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.

- Credit card payment service fee: \$.75 + 2.25% based on the total amount of the application fee.
- eCheck charges: \$1 flat fee per transaction.

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