

MARIJUANA BUSINESS LICENSE SECURITY PLAN NARRATIVE

(Attach Floor Plan and Security Diagram Checklist)

BUSINESS NAME:

APPLICANT:

STREET ADDRESS OF MARIJUANA BUSINESS:

Describe the procedure for 24/7 monitoring of security systems including:

• Calling sequence in the event the security system is tripped:

Name	Phone Number

• Procedure for verification in the event the system is tripped

 Names and emergency cell phone contact information for owners and managers that will be onsite:

Name	Phone Number

Office of the Town Clerk, 420 Central Avenue, PO Box 630, Dolores, CO 81323 (910)882-7720 DMBL Form #0008 Effective 01/01/2021 1

• Alarm monitoring company name and emergency contact phone number

Name	Phone Number

Names and emergency contact information of person responsible for immediately notifying Montezuma County Sheriff's Office of criminal activity or attempts of criminal activity:

Name	Phone Number

• Name and contact information for landlord if applicant rents the business space:

Name	Phone Number

• Indicate any impediments to emergency responders in entering the licensed premise (note: there can be no anti-personnel devices impeding entry to the location):