



TOWN OF MOFFAT | EST. 1911

## **Marijuana Business License Application**

*Misrepresentation of any statement on the application voids an issued business license immediately.*

### **Type of License**

New License  Renewal License | License Fee: \$ \_\_\_\_\_ Late Fee: \$ \_\_\_\_\_

Current license expiration date if a renewal: \_\_\_\_\_

### **Category of License**

Medical License  Retail (Recreational) License

### **Type of Cannabis Business**

- Cultivation
- Dispensary/Store
- Hospitality Establishment
- Hospitality and Sales
- Marijuana Infused Products Manufacturer (MIP)
- Accelerator Cultivation
- Accelerator Dispensary/Store
- Accelerator Marijuana Infused Products Manufacturer (MIP)

Tier (If Cultivation)
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5

Type of Business Ownership:  Sole proprietor  
 Partnership (not husband and wife)  
 Corporation  
 Limited Liability Company

Name of Business Entity (Corporation, LLC, etc.): \_\_\_\_\_

Name of Business (DBA): \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Mailing Address of Business (if different): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Business Owner/President/Member: \_\_\_\_\_

Address of Business Owner: \_\_\_\_\_

Local Manager Name & Phone Number (if not owner): \_\_\_\_\_

After-hours Emergency Contact Name: \_\_\_\_\_

After-hours Emergency Contact Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name

<b>OFFICE USE ONLY:</b> Date: _____ Total Fees Paid \$ _____ License No. _____
Notes: _____ _____
Clerk's Signature: _____



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PO Box 353  
Moffat, CO 81143  
719-256-4538

## Checklist for Marijuana Business Applications

### New Application Checklist

- **Application**
- **Fee Paid in Full**
- **Copy of State License or Application**
- **Deed**
- **Lease (Only if the name on the deed is in a different name than the cannabis company)**

### Renewal Application Checklist

- **Application**
- **Fee Paid in Full**
- **Copy of State License or Application**
- **Deed**
- **Lease (Only if the name on the deed is in a different name than the cannabis company)**