



TOWN OF MOFFAT | EST. 1911

Medical Marijuana Dispensary Business License Application

*Misrepresentation of any statement on the application voids an issued business license immediately.
New License requires a copy of Colorado State Sales Tax License.*

This Application is for a: New License Renewal License | Annual License Fee: \$ _____

State Sales Tax License Number: _____ Federal ID (if applicable): _____

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): _____

Description of Business: _____

Physical Address of Business: _____

Mailing Address of Business (if different): _____

Business Phone Number: _____ Business Fax 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

OFFICE USE ONLY: Date: _____ Total Fee Paid \$ _____
License No. _____

Notes: _____

Clerk's Signature: _____