



TOWN OF MOFFAT

FOR OFFICE USE ONLY:	
Date Received:	Fee Included:
License Issued Date:	

Retail Marijuana Dispensary: Business License Application—New & Renewal

This application must be submitted by any new marijuana business owner wanting to conduct business in the Town of Moffat, as well as **ANNUALLY** prior to the expiration date of your current business license issued by the Town (renewal). This form must be accompanied with the **applicable licensing fee**. Business Licenses must be posted in plain view once received.

A separate application is required for each business in which a State issued marijuana license is required. For each business in which a State marijuana license is required, a local business license is required as well, regardless if they are conducted under the same company name (ex: Example, LLC owns two properties each with their own State marijuana cultivation license, or Example, LLC owns one or properties with both a MIP license and a cultivation license).

Business Name: _____

State Marijuana License Number: _____

Trade Name (if applicable): _____

Owner Name: _____

Interest Holders: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

Email Address: _____

Check the Business Structure:

- ☐ Sole Proprietor
- ☐ Corporation
- ☐ Partnership
- ☐ LLC
- ☐ Other: _____

PLEASE COLOR IN THE CORRECT BUBBLE INDICATING NEW APPLICATION OR RENEWAL.

☐ **NEW APPLICATION— Retail Marijuana Dispensary Business License \$2,575**
This fee is paid in two separate payments. \$75 will be paid to the Town of Moffat upon submitting your application to the Town. When you submit your State application you will be asked to make out a check or money order to the Town of Moffat with your application which the State will then send back to us.

☐ **RENEWAL— Retail Marijuana Dispensary Business License \$500**

PLEASE REMIT THE CORRECT FEES WITH YOUR APPLICATION.

By completing this application you understand that you are expected to understand and abide by all State and Local laws. **You understand that the Town of Moffat has its own regulations, policies, and procedures on the construction, compliance, operation, and otherwise of Marijuana Facilities.** I swear or affirm that this application has been examined by me, that the statements herein are made in good faith pursuant to the laws & regulations of the State of Colorado and the Town of Moffat, and to the best of my knowledge and belief are true, correct, and complete.

Signed: _____ Date: _____
Must be person legally responsible for business—owner, partner, officer, etc

Printed Name: _____ Title: _____



TOWN OF MOFFAT

FOR OFFICE USE ONLY:	
Date Received:	Fee Included:
License Issued Date:	

Medical Marijuana Dispensary: Business License Application—New & Renewal

This application must be submitted by any new marijuana business owner wanting to conduct business in the Town of Moffat, as well as **ANNUALLY** prior to the expiration date of your current business license issued by the Town (renewal). This form must be accompanied with the **applicable licensing fee**. Business Licenses must be posted in plain view once received.

A separate application is required for each business in which a State issued marijuana license is required. For each business in which a State marijuana license is required, a local business license is required as well, regardless if they are conducted under the same company name (ex: Example, LLC owns two properties each with their own State marijuana cultivation license, or Example, LLC owns one or properties with both a MIP license and a cultivation license).

Business Name: _____

State Marijuana License Number: _____

Trade Name (if applicable): _____

Owner Name: _____

Interest Holders: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

Email Address: _____

Check the Business Structure:

- ☐ Sole Proprietor
- ☐ Corporation
- ☐ Partnership
- ☐ LLC
- ☐ Other: _____

PLEASE COLOR IN THE CORRECT BUBBLE INDICATING NEW APPLICATION OR RENEWAL.

☐ **NEW APPLICATION— Medical Marijuana Dispensary Business License \$2,575**
This fee is paid in two separate payments. \$75 will be paid to the Town of Moffat upon submitting your application to the Town. When you submit your State application you will be asked to make out a check or money order to the Town of Moffat with your application which the State will then send back to us.

☐ **RENEWAL— Medical Marijuana Dispensary Business License \$500**

PLEASE REMIT THE CORRECT FEES WITH YOUR APPLICATION.

By completing this application you understand that you are expected to understand and abide by all State and Local laws. **You understand that the Town of Moffat has its own regulations, policies, and procedures on the construction, compliance, operation, and otherwise of Marijuana Facilities.** I swear or affirm that this application has been examined by me, that the statements herein are made in good faith pursuant to the laws & regulations of the State of Colorado and the Town of Moffat, and to the best of my knowledge and belief are true, correct, and complete.

Signed: _____ Date: _____
Must be person legally responsible for business—owner, partner, officer, etc

Printed Name: _____ Title: _____