



TOWN OF MOFFAT

FOR OFFICE USE ONLY:

Date Received:

Fee Included:

License Issued Date:

Retail Marijuana MIP: 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 MIP license, or Example, LLC owns one or properties with both a MIP license and a MIP license).

Business Name: _____

State Marijuana License Number: _____

Trade Name (if applicable): _____

Owner Name: _____

Interest Holders: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

Email Address: _____

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

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

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

PLEASE REMIT THE CORRECT FEES WITH YOUR APPLICATION.

Check the Business Structure:

☐

Sole Proprietor

☐

Corporation

☐

Partnership

☐

LLC

☐

Other:

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 MIP: 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 MIP license, or Example, LLC owns one or properties with both a MIP license and a MIP license).

Business Name: _____

State Marijuana License Number: _____

Trade Name (if applicable): _____

Owner Name: _____

Interest Holders: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

Email Address: _____

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



NEW APPLICATION— Medical Marijuana MIP Business License \$2,575

This fee is paid in two payments. \$75 will be paid to the Town of Moffat upon submitting your application to the Town. Make out a check or money order to the Town of Moffat with your state application which the State will then send back to us.



RENEWAL— Medical Marijuana MIP Business License \$500

PLEASE REMIT THE CORRECT FEES WITH YOUR APPLICATION.

Check the Business Structure:

☐

Sole Proprietor

☐

Corporation

☐

Partnership

☐

LLC

☐

Other:

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: _____