



TOWN OF MOFFAT—TIER 2

FOR OFFICE USE ONLY:

Date Received:

Fee Included:

License Issued Date:

Retail Marijuana Cultivation: 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. Provide proof of 2 successful harvests of 90% of your crop.

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:

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Sole Proprietor

☐

Corporation

☐

Partnership

☐

LLC

☐

Other: _____

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

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Tier 2 Retail Marijuana Cultivation Business License

\$500

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RENEWAL— Retail Marijuana Cultivation 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

TIER 2 RETAIL MARIJUANA CULTIVATION

REQUIREMENTS and/or REVIEW

Town of Moffat requires that applicant has had two successful harvests, selling at least 90% of what it produced in the six months prior to application. Please provide sufficient proof of this requirement in the form of METRC reporting.

Applicants can only increase tiers in production one tier at a time, and to the next highest tier available based on their current tier.

Town of Moffat may consider the following factors when approving a Tier 2 application:

- A) Cultivation & production history including whether the plants/inventory suffered a catastrophic event during the licensing period.
- B) Transfer, sales, licensing, and excise tax payment history.
- C) Existing inventory and inventory history.
- D) Sales contracts.
- E) Compliance Audit reviews
- F) Any other factors relevant to ensuring responsible cultivation, production, and inventory management.

By signing below, you agree to provide the Town of Moffat with any necessary documentation needed to examine your application and qualifications for this permit. You agree that you have met the Town's requirement of 2 successful harvests, selling at least 90% of what it produced in the six months prior to this application, and have provided the Town with such documentation with this application.

Business Owner

Date