

TOWN OF MOFFAT

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: _____

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.

PLEASE REMIT THE CORRECT FEES WITH YOUR APPLICATION.

NEW APPLICATION- Retail Marijuana Dispensary Business License \$2,600
This fee is paid in two separate payments. \$100 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 \$1,000

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: _____

FOR OFFICE USE ONLY:

Date Received:

Fee Included:

LPA Included if Required:

License Issued Date: