



COLORADO
Department of Revenue

Marijuana Associated Key License Application

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Associated Key Application Instructions

APPLICATION CHECKLIST

1 License Types

Associated Key: Any stockholder holding an interest in a marijuana licensee, or any officer or director, who also acts as a Key executive, employee or agent while physically working in a licensed Medical or Retail Business.

Qualified Limited Passive Investor: A natural person who is a U.S. Citizen who owns less than 5% share(s) of stock.

2 Application Completed & Signed—Applicable documents must be notarized prior to submission to the MED

Type or clearly print an answer to every question. If a question does not apply to you, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application. **Attach a copy of your state issued Colorado ID or driver's license.**

Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

3 Application Submittal

Submit appointment request to: dor_med_appointments@state.co.us and you will be contacted to set up a time. Bring in application and all attachments to:

Marijuana Enforcement Division
1707 Cole Blvd., Suite 300
Lakewood, CO 80401

NOTE: Incomplete applications WILL NOT be processed.

4 Application Fees

All applications and documentation submitted must be single-sided on 8.5x11 inch paper.

See fee table on website: www.colorado.gov/revenue/med. Make check or money order payable to: Colorado Department of Revenue (DOR). Checks will only be accepted in the name of the applicant, owner(s) or business entity which has an ownership interest in the applicant or licensee.

NOTE: There is no grace period on AK licenses. All occupational licenses expire on the date on the license. If you let your license expire, you will be required to reapply for a new license and pay all required fees.

Marijuana License Number (Leave Blank)

Associated Key License Application Form

Qualified Limited Passive Investor

Applicant's Last Name (Please Print)		First Name (Please Print)		Full Middle Name	
Maiden/Married Names Used (Full Name) <small>(Attach separate sheet if necessary)</small>			Nicknames, Aliases, Etc. Used (Full Name) <small>(Attach separate sheet if necessary)</small>		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mixed Race <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Undisclosed/Unknown				
Date of Birth		Social Security Number		Other Social Security Numbers Used <input type="checkbox"/> Yes (If yes attach details) <input type="checkbox"/> No	
Place of Birth: City		State	Country	Drivers License Number and State	
Physical Appearance ⇄	Height	Weight	Hair Color	Eye Color	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", include details here: (Attach separate sheet if necessary)			Alien Registration Number	
CO Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Residency		If not a CO resident, list State resident of		
Physical Address					
Address		City	County	State	ZIP
Length of time at this Address:		Home Phone Number	Cell Phone Number	Email Address	
Year(s)	Month(s)	()	()		
Mailing Address (if different from Physical Address)					
Address		City	State	ZIP	
List all addresses where you have lived during the last 10 years, not including present address, (attach separate sheet if necessary)					
Street and Number		City/State/ZIP		From	To
Name of licensed Marijuana business associated with			Work Phone Number ()	Job Title	
Name of present employer, if different from above			Work Phone Number ()	Occupation or Job Title	
Do you currently possess a Colorado Marijuana license or are you an associated person in any other type of Colorado Marijuana license?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", indicate license type and number here:					
Have you ever applied before for a Marijuana license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? (Not including a medical marijuana patient card)					<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", explain here:					
Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against any Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", explain here:					
Applicant's Signature				Date	

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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NOTICE: The Associated Key License Application Form is an official document. If you provide false information on your Marijuana license application and/or do not disclose all information the application asks, your license is subject to denial, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information.

1. Have you discharged a sentence for a conviction of a felony pursuant to any state or federal law regarding the possession, distribution, manufacturing, cultivation, or use of a controlled substance, including probation or parole, within the past 10 years, even if the conviction occurred more than 10 years ago? (Unless charge was prior to age 18 and was adjudicated as a juvenile)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you discharged a sentence, including probation or parole, within the past 5 years upon conviction for ANY felony, even if the conviction occurred more than 5 years ago? (Unless charge was prior to age 18 and was adjudicated as a juvenile)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a licensed Physician making marijuana patient recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had your authority to act as a primary caregiver revoked by the State Health Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you under 21 years of age at the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee with the marijuana state licensing authority or a local licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STOP! If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Marijuana license.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana license if I answered "Yes" to any of the questions above.	
Applicant's Signature	Date

Applicant's Last Name (Please Print)		First Name (Please Print)		Full Middle Name
Education				
High School Name		Location		
	Dates Attended		Graduate	
	From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Vo-Tech Name (Submit diploma copy)		Location		
Major	Dates Attended		Graduate	
	From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree Earned				
Other College/School Name (Submit diploma copy)		Location		
Major	Dates Attended		Graduate	
	From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree Earned				
Other College/School Name (Submit diploma copy)		Location		
Major	Dates Attended		Graduate	
	From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree Earned				
Criminal History				
(DO NOT DISCLOSE CRIMINAL HISTORY WHERE NON-CONVICTION RECORD HAS BEEN SEALED OR EXPUNGED)				
1. In the last 10 years have you been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance? (Unless charge was prior to age 18 and was adjudicated as a juvenile).			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. In the last 5 years have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • You must include ALL arrests, charges, and convictions in the last 5 years (unless charge was prior to age 18 and was adjudicated as a juvenile), regardless of the outcome, even if the charges were dismissed or you were found not guilty. • You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses). • You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody. • NOTICE: Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action. If yes, give details below. List all cases without exception, including bankruptcies: 				
*If you answered YES, explain in detail on a separate sheet and attach it to your application. For each felony offense for which you were arrested or charged, YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE (FELONIES ONLY). This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.				
3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.				

Applicant's Initials _____

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Arrest Disclosure Form

In the last 10 years have you been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance (unless charge was prior to age 18 and was adjudicated as a juvenile)? If so, you must disclose this information to the Marijuana Enforcement Division. If you have been arrested in the past 5 years, given a summons, or been convicted of any offense, you must disclose this information to the Marijuana Enforcement Division (dismissed charges sealed by the court do not need to be disclosed).

Any person applying to be licensed by the Marijuana Enforcement Division, must make notification to the Division of any criminal conviction and/or criminal charge pending against such person. In addition to the above listed felonies, this includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

Please List Each Offense Separately

1	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
2	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Arrest Disclosure Form

(Continued)

Please List Each Offense Separately

3	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
4	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Employment and Business Association History

Beginning with your current employment, list all jobs you have held in the past 10 years, but not prior to age 18. Also, list all businesses with which you have been associated, including all corporations, partnerships or any other business ventures with which you have been associated, including as an officer, director, stockholder, partner, limited partner, member, or in any other related capacity (attach separate sheet if necessary).

Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name

Character References

List three character references who have known you five or more years. Do not include relatives, present employer, or employees.

1	Last Name		First Name		Middle Name	Residence Phone ()
	Years Known	Address		City	State	ZIP
	Employer					Business Phone ()
	Address			City	State	ZIP
2	Last Name		First Name		Middle Name	Residence Phone ()
	Years Known	Address		City	State	ZIP
	Employer					Business Phone ()
	Address			City	State	ZIP
3	Last Name		First Name		Middle Name	Residence Phone ()
	Years Known	Address		City	State	ZIP
	Employer					Business Phone ()
	Address			City	State	ZIP

Applicant's Initials _____

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Financial History

1. Are you as an individual, principal of any form of business entity, or as an owner, officer or director of a corporation, delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Check any of the following privileged or professional licenses you have held individually or as part of an ownership group in this state or any other domestic or foreign jurisdiction:	<input type="checkbox"/> None
<input type="checkbox"/> Liquor <input type="checkbox"/> Real Estate Broker/Sales <input type="checkbox"/> Accountant <input type="checkbox"/> Auto Industry <input type="checkbox"/> Lawyer <input type="checkbox"/> Physician <input type="checkbox"/> Insurance <input type="checkbox"/> Racing <input type="checkbox"/> Lottery <input type="checkbox"/> Securities Dealer <input type="checkbox"/> Other: _____	
3. Have you or any business entity owned by you, ever owned a Marijuana license in this or any other jurisdiction, foreign or domestic, that was subject to any of the following actions: (1) denial; (2) surrender; (3) assurance of voluntary compliance; (4) order to show cause; (5) suspension; (6) fine; (7) revocation; (8) stipulation or settlement; (9) withdrawn; (10) other penalties or sanctions. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you now own, have ever owned, or otherwise derive a benefit from assets held outside the United States, whether held in your own name or another name, on your behalf or for another person or entity, or through other individuals or business entities, or in trust, or in any other fashion or status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you currently a party, or ever been a party, in any capacity, to any trust instrument?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against you or a business entity of which you were a principal or against a corporation for which you were an owner, officer or director.	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If you answered YES to any of the questions above or checked any boxes above, give details on separate sheet, including license number and dates license held for licenses marked on question 2. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues. **Remember to complete pages 17 & 18 of the application, as part of your financial history.**	

Applicant's Initials _____

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Personal Financial

1. Annual Income

Salary (Source):	\$
Salary (Source):	\$
Interest (Source):	\$
Interest (Source):	\$
Dividends (Source):	\$
Dividends (Source):	\$
Other (Source):	\$
Other (Source):	\$
Total	\$

Please submit all executed agreements or documents that grant you any right to any percent of ownership or percent of income from the Colorado Marijuana business with which you are associated.

2. Amount to be invested or loaned in business:	\$
3. Percentage of ownership this amount represents:	%
4. Investment will be derived from the following sources:	
5. Has your interest in this Marijuana establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, explain:	

Applicant's Initials _____