City of Louisville

2023 MARIJUANA BUSINESS LICENSE RENEWAL APPLICATION

Fees Due:

Annual Renewal Fee $1,797.00

Late Renewal Fee - $599.00 *(if applicable)* $_____

Total Amount Due **$**_____

Please make check payable to **City of Louisville** – or -- call 303.335.4574 to pay by debit/credit card.

Business Type ☐ Retail Marijuana Store ☐ Combined Use (Retail & Medical) ☐ Retail Marijuana Testing Facility		Applicant is (check one): ☐ an individual ☐ a partnership ☐ an association ☐ a corporation ☐ a LLC ☐ Other:_____	
Applicant Name		Trade Name / Doing Business As	
Marijuana License Number	City Sales Tax Number	FEIN	
Mailing Street Address		City / State	Zip Code
Business Address (if different than mailing address)		City / State	Zip Code
Business Phone Number		Email Address	
Name of On-Site Manager	Manager Cell Phone Number	Manager Email Address	
When did operations as a marijuana business begin (date)?		Hours of Operation	

If the applicant is a corporation, partnership, limited liability company, association or other type of entity, list all officers, directors, partners or members. In addition, list all other persons or entities having any financial interest in the business. (All persons listed here must have a completed background investigation questionnaire on file with the City of Louisville.) Attach a separate sheet if necessary.

Name	Home Address, City, State, Zip	Date of Birth	Position / Title	% Interest

Applicant has legal possession of the premises by:

☐ Ownership ☐ Lease – Landlord Name and Phone Number _____

☐ Other arrangement (please describe) _____

_____

**Any changes to the deed or lease from the original submitted, must be included with the renewal application

Has the applicant (including any partners, members, managers, officers, directors, stockholders or any other person or entity having a financial interest in the business) ever – in Colorado or any other state:

- been denied a marijuana license? ☐ Yes ☐ No
- had a marijuana license suspended or revoked? ☐ Yes ☐ No
- had an interest in another entity that has had a marijuana business license denied, suspended or revoked? ☐ Yes ☐ No

OATH OF APPLICANT

I declare, under penalty of perjury, the statements in this application, and all attachments to and documents submitted with this application, are true, correct, and complete to the best of my knowledge. I understand and acknowledge that if any information contained herein or submitted as part of this application is found to be false or misleading it may result in this application being denied or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable charges. I also acknowledge it is my responsibility to become familiar with and comply with the provisions of Chapter 5.10 of the Louisville Municipal Code.

Applicant Signature	Title	Date

REPORT AND APPROVAL OF THE CITY OF LOUISVILLE LOCAL LICENSING AUTHORITY

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory and we do herby report that such license, if granted, will comply with the provisions of Title 44, Articles 11 and 12, C.R.S., as amended.
Therefore this application is approved.

Signature	Title	Date
Attest	**Title**	**Date filed with Local Authority**