



STAFF USE ONLY:

Accepted as Complete by Land Use Staff (Date/Time/Initial): _____

Fee Total: _____

Paid (Date/Initial): _____

Type of Marijuana License:

Marijuana Store

Marijuana Cultivation Facility

Marijuana Products Mfg. (MIPS)

Marijuana Products Testing Facility

Purpose of Marijuana License:

New License

Minor Mod. of Premises

Major Mod. of Premises

License Renewal

Change in Entity Structure

Outdoor Cultivation

Change of Location

Change in Trade Name

Transfer of Ownership

SUBMITTAL REQUIREMENTS: (use checklist to ensure that your application is complete)

Copy of State Application and supporting documentation **OR** Copy of Current State License

Signage Plan Floor Plan (Stores) Lighting Plan (Stores) Visual Impact Plan (If Applicable)

Site Plan (Showing Property Boundaries, Current/Proposed Structures, Dimensions, Proposed Indoor/Outdoor Grow Areas, Roads/Access, and North Arrow)

APPLICANT / AGENT INFORMATION:

Applicant or Land Owner Name: _____

Mailing Address: _____ City/ST/Zip: _____

Phone: _____ Email Address: _____

Authorized Agent Name: _____

Mailing Address: _____ City/ST/Zip: _____

Phone: _____ Email Address: _____

Business Name: _____

Mailing Address: _____ City/ST/Zip: _____

Phone: _____ Email Address: _____

FACILITY/USE LOCATION INFORMATION:

Parcel # _____ Account # _____

Site Address: _____ City: _____

Zip Code: _____ No. of Acres: _____ (Cultivation requires a 35-acres/conforming parcel.)

Subdivision: _____ Lot/Tract #: _____ Filing/Phase: _____

Directions to site from nearest County Road: _____

Does subject parcel qualify for *agricultural* status by the County Assessor’s Office: Yes No

Zoning: Colona High Mesa North Mesa South Mesa South Slope
 Valley Alpine

COMPLIANCE WITH COVENANTS / HOA NOTIFICATOIN:

I represent that the proposed facility or use does not conflict with any applicable covenants or subdivision regulations, and, that I have notified the Home Owners Association regarding the pending application.

STATE MARIJUANA LICENSE NUMBERS: (If Available)

Retail Marijuana Center Number(s): _____

Products Manufacturing Number(s): _____

Cultivation Facility Number(s): _____

REQUIRED INFOFORMATION – CULTIVATION FACILITIES: (attach addt’l sheets if necessary):

Anticipated gallons of water used per day: _____ Gal/Day Amount of water available: _____ Gal/Day

Describe Water Source(s): (Must include decree information if applicable.) _____

Describe Waste Water Discharge Plan: _____

Proposed “Best Management Practices” for Water/Energy Conservation: _____

Proposed “Best Management Practices” for Pesticides: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN!

I hereby certify that I have read this application completely and that all information provided is correct to the best of my knowledge. All laws, regulations, and ordinances governing the scope of the project contemplated by this application will be complied with, whether or not specifically described within this application. I understand that providing false or misleading information may result in any permit(s) issued being revoked. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating the scope of the project contemplated by this application.

I understand that this application may be open for public inspection as required by the Colorado Open Records Law (C.R.S. 24-72-202, et seq.) and that my personal information contained on this application may be available to the public for review.

I have read Ordinance # 2014-03, and agree to comply with all regulations and requirements as stated.

Signature of Property Owner/Lessee: _____ **Date:** _____

Printed Name: _____

OR

Signature of Authorized Agent: _____ **Date:** _____

Printed Name of Authorized Agent: _____

NOTE TO APPLICANT:

If application is approved, the original license shall be displayed in a location visible to the public or enforcement officials. Licenses approved per this application shall be valid for one (1) year from the date of issuance.

Notes:

Applicant affirms that he/she understands that marijuana is an illegal drug under federal law; that state and local laws permitting the use, sale, and cultivation of marijuana and/or marijuana products for either medical or retail purposes, including Ordinance 2019-001, may be determined to be void, invalid, or otherwise superseded by federal law. Applicant agrees, by submitting this application to Ouray County, that issuance of a license from Ouray County does not in any manner alter the potential application and enforcement of federal law; that federal officials could prosecute applicant or otherwise enforce federal law at any time; and that Applicant will not sue, make a claim against, or otherwise hold Ouray County responsible for any enforcement action, loss of property or other damage resulting from any enforcement action under federal laws and regulations.

STAFF REVIEW

Land Use Department:

Name: _____ Title: _____

Signature: _____ Date: _____

County Attorney

Name: _____

Signature: _____ Date: _____

COUNTY/LICENSING AUTHORITY APPROVAL

Board of County Commissioners

ACCEPTED AND AGREED TO BY THE OURAY COUNTY, COLORADO, BOARD OF COUNTY COMMISSIONERS, ACTING IN ITS CAPACITY AS THE LOCAL LICENSING AUTHORITY PURSUANT TO THE COLORADO RETAIL MARIJUANA CODE (Title 12, Article 43.4, Part 1, C.R.S.) AND SUBJECT TO ALL CONDITIONS AS STATED IN THE ASSOCIATED RESOLUTION.

**OURAY COUNTY, COLORADO
BOARD OF COUNTY COMMISSIONERS
OURAY COUNTY LOCAL LICENSING AUTHORITY**

By: _____
Chair – Board of County Commissioners

Date: _____