



**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
- Marijuana Production/Manufacturing \*

**Purpose of Marijuana License:**

- New License
- License Renewal
- Change of Location
- Modification of Premises
- Change in Entity Structure
- Change in Trade Name
- Medical to Retail Conversion
- Dual License
- Transfer of Ownership

*\* A Special Use Permit is required to operate a marijuana store or production facility.*

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

- Copy of State Application and supporting documentation **OR**  Copy of State License
- Signage Plan  Floor Plan (Stores)  Lighting Plan (Stores)  Visual Impact Plan (If Applicable)
- Site Plan (Showing Property Boundaries, Current/Proposed Structures, Dimensions, and North Arrow)
- Special Use Permit Application (If Applicable – Store or Manufacturing)

**APPLICANT / AGENT INFORMATION:**

**Applicant (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: \_\_\_\_\_ Legal: Town: \_\_\_\_\_ Range: \_\_\_\_\_ Qtr. Sections: \_\_\_\_\_ Section: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot/Tract #: \_\_\_\_\_ Filing/Phase: \_\_\_\_\_

Size of Parcel: \_\_\_\_\_ 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 add’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:** \_\_\_\_\_

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**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.

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**Notes:**

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\_\_\_\_\_  
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**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 2014-003, 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: \_\_\_\_\_

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**County Attorney**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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: \_\_\_\_\_