



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

(a) been denied a medical marijuana business license:  Yes  No  
 (b) had a medical marijuana business suspended or revoked?  Yes  No  
 (c) had an interest in another entity that has had a medical marijuana business license denied, suspended or revoked?  Yes  No

**Does the applicant have legal possession of the Optional Premises Cultivation Operation by ownership, or other arrangement?**  Yes  No

If Yes, indicate how legal possession is obtained (check one):

Ownership  Lease  Other (describe): \_\_\_\_\_

If leased, list name of landlord and tenant and date of expiration, EXACTLY as they appear in the lease.

Landlord	Tenant	Expiration Date

**If leased, has the owner of the property consented, in writing, to the premises Being used and licensed for a medical marijuana business?**  Yes  No

**PLEASE NOTE:**

- Application to Garfield County does not imply a determination that the Optional Premises Cultivation Operation is in compliance with local zoning/land use regulations, or with other applicable County and State requirements, including but not limited to State medical marijuana licensing mandates.
- This is not a license to operate under State law. The sole purpose for application is to comply with Garfield County Resolution No. 12-52.
- The information provided in this application is public record.

**OATH OF APPLICANT**

I declare, under penalty of perjury, that 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 any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any local verification granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges.

By applying for and accepting a local verification issued by the Board of County Commissioners, the applicant waives and releases Garfield County, its officers, elected officials, employees, attorneys and agents from any liability for injuries, damages or liabilities of any kind that result from any arrest or prosecution of business owners, operators, employees, clients or customers for a violation of state or federal laws, rules or regulations.

By applying for and accepting a local verification, all applicants, jointly and severally if more than one, agree to indemnify, defend, and hold harmless Garfield County, its officers, elected officials, employees, attorneys, and agents against any liability, claims and demands on account of any injury, loss or damage including, without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever arising out of or in any manner connected with the operation of the medical marijuana business that is the subject of the local verification.

Signature	Title	Date

STATE OF \_\_\_\_\_ )  
 County of: \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
 \_\_\_\_\_  
 Witness my hand and official seal.

\_\_\_\_\_  
 Notary Public  
 My commission expires: \_\_\_\_\_

**APPLICATION ATTACHMENTS:**  
**State of Colorado Application**