



STAFF USE ONLY:

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

LICENSE TYPE REQUESTED & ZONING

Type of Marijuana License: (Check only one)

- Retail and/or Medical Cultivation Facility
- Retail and/or Medical Testing Facility
- Retail and/or Medical Products Manufacturing Facility
- Medical Research and Development Facility

Zoning: (Check only one)

- High Mesa Zone
- Valley Zone
- North Mesa Zone

APPLICANT / AGENT INFORMATION:

Land Owner Name: _____
Mailing Address: _____ City/ST/Zip: _____
Phone: _____ Email Address: _____

Applicant 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-acre/conforming parcel.)
Subdivision: _____ Lot/Tract #: _____ Filing/Phase: _____
Directions to site from nearest County Road: _____

REVIEW BY LOCAL LICENSING AUTHORITY (LLA) OR STAFF:

Ordinance 2022-02 states the following:

LLA Review:

The LLA shall determine the following modification, change, or location transfer applications, in accordance with the procedures and requirements specified in Section 5 and 6 of this Ordinance, as applicable, for the specific modification, change, or location transfer requested:

- I. Major modifications, including any substantial alterations to the Facility, ownership, or other terms and conditions, as provided under state law and regulations, including but not limited to any change in the lease or the ownership of real property on which a facility is located, and any proposed modification that includes expansion of a greenhouse or other related Facilities.
- II. Any change in ownership that involves a change in a controlling beneficial owner, pursuant to C.R.S. §§ 44-10-103(13) and 44-10-312, including restructuring of an existing business entity to include additional members, partners, shareholders or any financial arrangement that includes a financial interest in the entity, including a share of profits, future ownership rights or promise of future ownership rights. In addition to any applicable requirements under Section 5 and 6 of this Ordinance, the application shall also include documentation that a transfer of ownership application has been submitted to the State MED and is in process, or, documentation showing that the State MED has approved or conditionally approved, the transfer of the corresponding state license or permit to the proposed transferee.
- III. Any transfer of a Facility to a new location, including all transitioning requirements under C.R.S. § 44-10-313(13). This transfer shall not affect the count of overall Facilities or result in the Applicant’s placement on a waitlist for available Facility licenses under Section 7(C) of this Ordinance.
- IV. All such other items pertaining to any Facility’s modification, change, or location transfer as referred to the LLA by Staff.

Staff Level Review:

Staff may administratively renew and process the following applications, subject to any additional review and determination by the LLA in Staff’s sole discretion:

- I. Minor modifications of any Facility approved by the State MED, including internal Facility changes or other minor modifications not increasing the overall size of the Facility.
- II. Any Change in Trade Name.
- III. Other minor or insubstantial modifications, changes, or transfers determined in Staff’s sole discretion to not warrant review and determination by the LLA.

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

1. All Applications must include:

- Evidence of ‘Active Facility’ status (as defined in Ordinance 2022-002): Any modification, change, or location transfer shall only be for an Active Facility, and shall include payment of any applicable Local Fees, along with compliance with reasonable restrictions under this Ordinance.
- Detailed written description of the proposed Modification, Change in Ownership, or Change in Trade Name.

2. All Major and Minor Modifications must include:

- Detailed Plans showing the existing facility and the proposed change

3. All Major Modifications must include:

- Any applicable requirements of Ordinance 2022-002, Section 5 & 6, as determined by Staff and/or LLA
 - Note – the applicable requirements will vary by the nature of the application. Please consult with Staff for what additional submittal requirements will apply.

COMPLIANCE WITH COVENANTS / HOA NOTIFICATION:

- 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.
- I represent that there are no covenants or HOA regulations affecting this property

STATE MARIJUANA LICENSE NUMBERS: (If Available)

Cultivation Facility Number(s): _____

Medical Research and Development Number(s): _____

Testing Number(s): _____

Products Manufacturing Number(s): _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN!

1. *By accepting a license issued pursuant to Ordinance 2022-002, the licensee waives and releases Ouray County, its officers, elected officials, employees, attorneys and agents from any liability for injuries, damages, or other liabilities of any kind that result from the arrest or prosecution of marijuana facility or establishment owners, operators, employees, clients, or customers for a violation of state or federal laws, rules or regulations. All licensees, jointly and severally in the case of more than one, agree to indemnify, defend and hold harmless the County, its officers, elected officials, employees, attorney and agents, insurers and self-insurance pool against all liability, claims and demands on account of any injury, loss or damage, including without limitations, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, claims of injury to water rights or interference with the ability to receive a federal grant, loan or other source of federal funds, forced closure, or any other claim whatsoever arising out of or in any manner connected with the operation of the marijuana facility that is the subject of the license.*
2. *In adopting Ordinance 2022-002, and in taking any and all actions related to marijuana facilities, the Board of County Commissioners is relying on, and does not waive or intend to waive, by any provision of Ordinance 2022-002, the monetary limitations or any other rights, immunities and protections provided by the Colorado Governmental Immunity Act, C.R.S. § 24-10-101, et seq., as amended, or any other limitations, rights, immunity, or protection otherwise available to Ouray County, its officers or its employees, including but not limited to the County’s absolute immunity for both quasi-judicial and prosecutorial functions in administrative proceedings.*
3. *I hereby verify and certify that the application and all supplemental information submitted with the application are true, complete, and accurate.*
4. *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 license(s) 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 license(s) issued being revoked, or other penalties. The granting of license(s) does not presume to give authority to violate or cancel the provisions of any other state or local law regulating the scope of the license contemplated by this application.*
5. *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.*
6. *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 2022-002, 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.

7. *I have read Ordinance # 2022-002, and agree to comply with all regulations and requirements as stated.*

NOTE – SIGNATURE(S) MUST BE NOTARIZED!!!

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

Printed Name: _____

OR

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

Printed Name of Authorized Agent: _____

Notary

STATE OF: _____)

)ss.

COUNTY OF: _____)

The above signature was acknowledged before me on this _____ day of _____ 20____, by

Witness my hand and official seal.

My commission expires _____

Notary

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.

STAFF REVIEW

Land Use Department:

Name: _____ Title: _____

Signature: _____ Date: _____

Notes (may be additional pages or staff packet/memorandum):

County Attorney

Name: _____

Signature: _____ Date: _____

Notes (may be additional pages or staff packet/memorandum):

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 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: _____