



**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 Products Manufacturing Facility
- Retail and/or Medical Testing 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: \_\_\_\_\_

## **RENEWAL TIMING REQUIRMENTS & INFORMATION:**

A renewal application shall be filed at least sixty (60) days, but no more than ninety (90) days, prior to expiration. Renewal applications may be submitted more than ninety (90) days prior to expiration, but only if submitted with an additional request. (e.g. any modification, change, or location transfer, pursuant to Section 9 of Ordinance 2022-002).

The timely filing of a renewal application shall extend the current license period until a final decision is made. An untimely application filed after the sixty (60) day deadline, but before the expiration date, may be expedited at Staff's discretion and may be accepted only upon the payment of any late fees permitted as a Local Fee, and such application shall serve to extend the license period until a final decision is made.

A Licensee whose license has expired and for which no application for renewal was received prior to the expiration date, shall be deemed to have forfeited its license under this Ordinance as a matter of law. Staff shall not accept a renewal application after the expiration of the license. A Licensee whose license expired shall not engage in any activities allowed under its prior license until a new license has been obtained.

## **REVIEW BY LOCAL LICENSING AUTHORITY (LLA) OR STAFF:**

**Ordinance- 2022-02 states that:**

**Staff level** renewal for one year may occur when Staff finds that the Facility for which the license was granted:

1. Is an Active Facility.
2. Has no continuing complaints or violations of state law or this Ordinance, or other Good Cause that would justify Staff's non-issuance of an administrative renewal.
3. Has no substantial revisions, amendments or alterations to the existing Facility or any term of a lease, water supply, or other local license term or condition. Any Licensee's renewal application that contains significant or substantial changes, revisions, alterations, or expansion of size of the Facility, shall require the Licensee to complete an updated application form.

**LLA level** renewal is required when Staff level renewal is not available from the list above.

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

**Payment of applicable Fees:** Every Licensee shall submit a Local Fee for any license renewal.

**Evidence of Active Facility Status:** A narrative explaining whether the operation is an Active Facility or an Inactive Facility;

**Facility Summary:** A summary of the operation during the previous license period, including Licensee-provided data on monthly water and electrical usage;

**Description of any changes/modifications:** Any approved changes or modifications made during the previous license period;

**Description of Future Plans:** Any plans for the business during the next license period, including any planned modification or expansion;

**Written Narrative addressing any complaints/violations:** Any documentation explaining any complaints or violations during the previous license period; and

**Any additional information deemed necessary by Staff/LLA:** Information which is necessary, at the discretion of Staff and/or the LLA, to establish the Facility is in continued compliance with all requirements of this Ordinance, and/or whether a renewal should be granted.

**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

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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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**STAFF REVIEW**

**Land Use Department:**

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

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

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

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**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 44, Article 10, 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: \_\_\_\_\_