**Town of Ault Licenses & Permits**

Intake Stamp

**201 1st Street, Ault, CO 80610**

**PO Box 1098, Ault, CO 80610**

**Phone: 970-834-2844**

**Email: matt@townofault.org Website: www.townofualt.org**

Town of Ault New Marijuana License Application

Please review the Town of Ault Marijuana Licensing Regulations for more information regarding the application process. The information provided in this application is public record.

# Type of License (check all that apply):

* Medical Marijuana Center
* Medical Marijuana Infused Product Manufacturer\*
* Medical Marijuana Optional Premises Cultivation\*
* Medical Marijuana Testing Facility\*
* Medical Marijuana Transporter\*
* Off-Premises Storage Permit\*
* Retail Marijuana Store
* Retail Marijuana Products Manufacturing Facility\*
* Retail Marijuana Cultivation Facility\*
* Retail Marijuana Testing Facility\*
* Retail Marijuana Transporter\*
* Marijuana Research and Development\*

\* - CURRENTLY UNAVAILBLE, IF INTERESTED, PLEASE CONTACT LICENSING CLERK FOR MORE INFORMATION

# Application and Operating Fees:

* + Application Fee - $2,500
  + Annual Operating Fee - $5,000

# Submitting an Application:

### Please include the following documents when submitting an application. See New Application Checklist for more information

* + State Application
    - For medical marijuana: Colorado Business Medical Marijuana License Application form DR 8530. Please submit a completed copy of this form to the Town of Ault.
    - For retail marijuana: Colorado Business Retail Marijuana License Application form DR 8548. Apply with the state Marijuana Enforcement Division first, and then the MED will forward the completed state application to the Town of Ault.
  + Sales Tax License from Colorado Department of Revenue
  + General Business License from the Town of Ault, can be obtained from <https://myaultgov.org/licenses/businesses/new>.
  + Sales Tax License from the Town of Ault, can be obtained from <https://myaultgov.org/licenses/businesses/new>.
  + Well and Septic Permits: If applicable, provide a copy of well and septic permits and Onsite Wastewater Treatment System Certificate of Final Approval for the property.
  + Security Plan: A security plan indicating how the applicant will comply with the requirements of the Ault Municipal Code, and any other applicable law, rule or regulation. The applicant may submit the portions of such security plan which include trade secrets or specialize security arrangements confidentially. The Town will not disclose documents appropriately submitted under the Colorado Open Records Act [C.R.S. § 24-72-201 et seq.] if they constitute confidential trade secrets or specialized security arrangements to any party other than law enforcement agencies, unless compelled to do so by court order. Any document that the applicant considers eligible for protection under the Colorado Open Records Act shall be clearly marked as confidential and the reasons for such confidentiality shall be stated on the document.
  + Site Plan: Provide plans for the premises and a site plan drawing of all buildings on the property.
  + Floor Plan: Provide a floor plan showing dimensions and how the floor space is or will be used.
  + Parking Plan: Provide a parking plan for the property, including parking for the entire parcel.
  + Lighting and Signage: Describe the nature and location of any existing or proposed lighting and signage. If proposing new signage, then include information for the entire parcel. If proposing new lighting, then include information for the building where the marijuana business will be located. Lighting and signage documentation may be photographs or diagram and must include dimensions and elevations. Lighting and signage requirements are outlined in Chapter 16.07 (Sign Code) of the Ault Municipal Code.
  + Fees – make checks payable to the Town of Ault, Colorado.

## Business Information:

|  |  |  |
| --- | --- | --- |
| Business Name | Trade Name | |
| Physical Address of Business | | |
| City | State | Zip Code |
| Mailing Address | | |
| City | State | Zip Code |
| Business Phone | Business Email | |
| Estimated Number of Staff | | Total Square Footage |

**Property Owner(s) Information:**

Include information for all owners. Use additional sheet if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | | | Phone Number |
| Mailing Address | | | Email Address | |
| City | | State | | Zip |
| Signature of Property Owner | Print Name | | | Date |

## Business Owner(s) Information:

Include information for all owners. Use additional sheet if necessary.

|  |  |  |
| --- | --- | --- |
| Business Owner Name | | Phone Number |
| Owner Address | | Email Address |
| City | State | Zip Code |

|  |  |  |
| --- | --- | --- |
| Business Owner Name | | Phone Number |
| Owner Address | | Email Address |
| City | State | Zip Code |

## Water & Wastewater Information:

Include information detailing the expected source of water, level of water use, and wastewater discharge. Information must include the business as well as the entire parcel.

|  |  |
| --- | --- |
| Expected Source of Water | |
| Expected Level of Water Use (gal/day) | Expected Wastewater Discharge (gal/day) |
| If you have a septic system, are you registered with the EPA Class V underground injection control? | |

## Associated Business/Establishment Information:

If applicable, please provide information for any marijuana business or establishment associated with the applicant:

|  |  |  |
| --- | --- | --- |
| Business Name | | Phone Number |
| Trade Name | Email Address | |
| Physical Address | | |
| City | State | Zip Code |

## Please Note:

An application to the Town of Ault does not imply a determination that the requested use is compliance with Town of Ault Land Use regulations or with other Town, County and State requirements, including but not limited to marijuana licensing mandates.

The purpose for this application is to comply with the Town of Ault Marijuana Licensing Regulations. A separate application and approval is required by the State and any license issued by the Town of Ault Marijuana Licensing Authority is contingent upon the appropriate State licensure.

It is the applicants’ responsibility to research and identify any alcohol or drug treatment facilities, licensed child care facilities, and educational facilities (below college grade level) within 1,000 feet of any marijuana center or store (measured from property line to property line) where the marijuana business/establishment is seeking to be licensed. Failure to identify any of the above may result in revocation of the license.

## Certification

I certify that I am signing this application as an owner of record of the business/establishment included in this application. I certify that the information and exhibits I have submitted as part of this application are true and correct to the best of my knowledge. I certify and understand that this application gives the Town of Ault the right of entry to inspect the parcel and all buildings on the parcel related to the marijuana business/establishment for compliance.

|  |  |  |
| --- | --- | --- |
| Signature of Business Owner | Print Name | Date |
| Signature of Business Owner | Print Name | Date |

**Town of Ault Acknowledgement of Submittal**

|  |  |
| --- | --- |
| Authority Signature | Date |