

Town of Ault Licenses & Permits 201 1st Street, Ault, CO 80610 PO Box 1098, Ault, CO 80610 Phone: 970-834-2844

Town Email: matt@townofault.org Website:

www.townofualt.org

Intake Stamp

☐ Retail Marijuana Store

## **Town of Ault New Marijuana License Application**

Type of License (check all that apply):

☐ Medical Marijuana Center

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.

	Medical Marijuana Infused Product Manufacturer*	☐ Retail Marijuana Products Manufacturing Facility*
	Medical Marijuana Optional Premises Cultivation*	□ Retail Marijuana Cultivation Facility*
	Medical Marijuana Testing Facility*	□ Retail Marijuana Testing Facility*
	Medical Marijuana Transporter*	□ Retail Marijuana Transporter*
	Off-Premises Storage Permit*	Marijuana Research and Development*
	* - CURRENTLY UNAVAILBLE, IF INTERESTED, PLEASE CO	NTACT LICENSING CLERK FOR MORE INFORMATION
Applic	cation and Operating Fees: Application Fee - \$2,500 Annual Operating Fee - \$5,000	
<u>Submi</u>	itting an Application:	
	include the following documents when submit re information	tting an application. See New Application Checklist
	State Application	
	<ul> <li>For medical marijuana: Colorado Busines</li> <li>Please submit a completed copy of this f</li> </ul>	ss Medical Marijuana License Application form DR 8530. Form to the Town of Ault.
		Retail Marijuana License Application form DR 8548. Apply ivision first, and then the MED will forward the of Ault.
	Sales Tax License from Colorado Department of Re	evenue
	General Business License from the Town of Ault, on <a href="https://myaultgov.org/licenses/businesses/new">https://myaultgov.org/licenses/businesses/new</a> .	can be obtained from
	<u>Sales Tax License</u> from the Town of Ault, can be o <a href="https://myaultgov.org/licenses/businesses/new">https://myaultgov.org/licenses/businesses/new</a> .	btained from
	Well and Septic Permits: If applicable, provide a c Treatment System Certificate of Final Approval fo	copy of well and septic permits and Onsite Wastewater r the property.
	Municipal Code, and any other applicable law, ru such security plan which include trade secrets or will not disclose documents appropriately submit 201 et seq.] if they constitute confidential trade s	applicant will comply with the requirements of the Ault le or regulation. The applicant may submit the portions of specialize security arrangements confidentially. The Town ted under the Colorado Open Records Act [C.R.S. § 24-72-ecrets or specialized security arrangements to any party appelled 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.
<u>Lighting and Signage</u> : 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.
<u>Fees</u> – make checks payable to the Town of Ault, Colorado.

Business Information:					
Business Name		Trade Name			
Physical Address of Business		<u> </u>			
City	у		Zip Co	Zip Code	
Mailing Address					
City		State	Zip Co	de	
Business Phone		Business Email	I		
Estimated Number of Staff		Total		Square Footage	
roperty Owner(s) Information: clude information for all owners. Use addition	onal sheet if neces	ssary.		Phone Number	
Mailing Address			Email Address		
City		State		Zip	
Signature of Property Owner	Print Name			Date	
usiness Owner(s) Information: clude information for all owners. Use addition	onal sheet if neces	ssary.	Phone	Number	
Owner Address			Email A	Address	
ty State		Zip Coo	Zip Code		
Business Owner Name			Phone Number		
Owner Address			Email A	Email Address	
City		State	Zip Coo	de	
Vater & Wastewater Information: clude information detailing the expected soc clude the business as well as the entire parce Expected Source of Water		el of water use, an	d wastewater di	scharge. Information must	
Expected Level of Water Use (gal/day)		Expected Wastev	vater Discharge (g	al/day)	
If you have a continue to make an arrange and a second	th the EDA Classic	undorground intent	n control?		
If you have a septic system, are you registered wi	th the EPA Class V u	inderground injection	n control?		

	mail Address	
	itate	Zip Code
n is to comply with the Town of Ault te and any license issued by the Town.  ty to research and identify any alcolw college grade level) within 1,000 to where the marijuana business/establion of the license.  pplication as an owner of record of d exhibits I have submitted as part of	s, including but not limited Marijuana Licensing Regul of Ault Marijuana Licensi nol or drug treatment facilit eet of any marijuana cente dishment is seeking to be license.	to marijuana licensing mand ations. A separate application gatherity is contingent up ties, licensed child care facility or store (measured from tensed. Failure to identify an included in this application, and correct to the best of my
to the marijuana business/establish  Print Name	ment for compliance.	
Print Name	Date	
i i i i	Ault does not imply a determination fown, County and State requirement in is to comply with the Town of Ault te and any license issued by the Towe.  ity to research and identify any alcohology college grade level) within 1,000 fowhere the marijuana business/establicion of the license.  Application as an owner of record of the dexhibits I have submitted as part of stand that this application gives the standard that	Ault does not imply a determination that the requested use is of Town, County and State requirements, including but not limited on is to comply with the Town of Ault Marijuana Licensing Regul te and any license issued by the Town of Ault Marijuana Licensie.  Ity to research and identify any alcohol or drug treatment facilities college grade level) within 1,000 feet of any marijuana cente where the marijuana business/establishment is seeking to be license.  In polication as an owner of record of the business/establishment dexhibits I have submitted as part of this application are true a stand that this application gives the Town of Ault the right of end to the marijuana business/establishment for compliance.  Print Name  Date