



MANAGER'S REGISTRATION Marijuana Checklist and Instructions

City Clerk's office 303-538-7230

9500 Civic Center Drive

Thornton, Colorado 80229-4326

Pursuant to Thornton City Code Section 42-728(j): *Registered manager.* No marijuana establishment shall be operated or managed by any person other than the licensee, with the exception of a business manager registered with the city. Such licensee or business manager shall be on the premises and responsible for all activities within the licensed business during all times when the business is open. In the event the licensee intends to employ a business manager that was not identified on the license or renewal application, the licensee shall report the name of such business manager to the city, and such business manager shall submit to the city, at least 30 days prior to serving as a business manager, an application containing all of the information required by this article and on the license application, and shall submit the requisite fees. If, after investigation, it is determined that the proposed business manager is lawfully eligible, pursuant to city and state laws and regulations, to operate the marijuana establishment, the city clerk shall grant the manager registration administratively. If, after investigation, it is determined that the proposed business manager is not lawfully eligible, pursuant to city and state laws and regulations, to operate the marijuana establishment, the city clerk shall deny the manager registration administratively. Any such denial shall be appealable to the hearing officer. A licensee shall report to the city any change in business managers at least 30 days prior to employing an additional business manager, and no more than five days after a business manager is released from such position.

- **ONE COMPLETE SET OF DOCUMENTS MUST BE SUBMITTED** (Incomplete sets will be returned)
- Allow six weeks for processing.
- Provide documents in order of the Checklist - Single-Sided - No Staples Please
- All documents and copies need to be legible and either typed or printed in BLACK ink on **8-1/2 x 11 size paper** only.
- ALL documents must be properly executed and correspond with name of applicant exactly.

APPLICATION FEE:

\$150.00 (per individual manager) Manager's Registration for marijuana stores

MANAGER DOCUMENTS (COMPLETE AND SIGN BEFORE SUBMITTING):

Manager's Registration Application
City Form 7N - Background Investigation Report.
City Form 8M - Authorization and Consent to Release Information.
Copy of MED Badge, front and back, on the same page.
Copy of ID
Fingerprints – See attached instructions.

INSTRUCTIONS:

For questions, contact the Agenda and Licensing Coordinator at 303-538-7230.

Any subsequent change in managers must be reported within the timeframe designated in Thornton City Code Section 42-728(j).

Fingerprinting Instructions

1. Log onto <https://uenroll.identogo.com/>
2. Enter **the service code is 25YQ8H**.
3. From there you can schedule or manage an appointment, find out what you need to bring to the appointment, locate an Identogo facility near you, and how to submit a fingerprint card by mail (for out of state applicants).
4. When scheduling an appointment, you will need to enter a CBI account number. Thornton's account number is **CONCJ6177**.
5. The \$39.50 CBI fee and \$10 rolling fee will be collected by Identogo from the applicant via credit/debit, money order or business check at the time of fingerprinting.
6. The applicant will be provided a system generated receipt. Please have the applicant drop off the receipt at the City Clerk's office or email to clerk@thorntonco.gov
7. Results will be posted via CBI's Secure Document Delivery System (SDDS) to the City of Thornton's Police Department account.



State License Number: _____

City License Number: _____

MANAGER'S REGISTRATION APPLICATION

Last Name (Please Print)	First Name	Middle Name
Name of licensed Marijuana business where you will be working	Work Phone Number ()	Job Title
Name of present employer, if different from above	Work Phone Number ()	Occupation or Job Title
Do you currently possess a Colorado Marijuana license (badge) to work in a Marijuana Business or are you an owner or associated person in any other type of Colorado Marijuana business? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate license type and number here:		
Have you ever applied for a Marijuana license in this or any other jurisdiction, domestic, or foreign, whether or not the license was ever issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain here:		
Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against any Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain here:		
Applicant's Signature		Date

Decision of Local Marijuana Licensing Authority

The City Clerk's office has examined the following application and supporting documentation, and based on this examination the applicant's request is hereby:

<input type="checkbox"/> Approved		<input type="checkbox"/> Denied	
City of Thornton Marijuana Licensing Authority		Date filed with Local Authority	
Signature	Title	Date	



CONFIDENTIAL BACKGROUND INVESTIGATION REPORT MANAGER OR EMPLOYEE

MARIJUANA

Form 7N

Application # _____

City Clerk's office 303-538-7230

9500 Civic Center Drive

Thornton, Colorado 80229-4326

TO BE COMPLETED BY ALL MANAGERS AND EMPLOYEES

REFERRAL TO THORNTON
POLICE DEPARTMENT

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK
ATTACH SEPARATE SHEET IF NECESSARY

Name of Individual (please print):

Title:

Name of marijuana business where
you will be working:

Address of Establishment:

The City of Thornton, by law, has the authority to regulate Marijuana Licenses. Pursuant to that authority, the City conducts background investigations of managers and employees of Retail and Medical licensed establishments. The Background Investigation Report provides basic information about the applicant, which is necessary for the investigation.

The licensee has signed an affidavit certifying that no individual shall be employed as a manager or other employee at the licensed premise when any of the following circumstances exist:

- 1) the manager or employee has had a drug-related felony conviction;
- 2) the manager or employee has any other felony conviction in the last ten years; or
- 3) the manager or employee has any drug-related misdemeanor conviction in the last five years.

➤ I have read and I do understand the above statements. I further acknowledge that I have obtained and examined copies of Chapter 42, Article X of the Thornton City Code, pertaining to marijuana laws for the City and the Colorado Medical and Retail Marijuana Codes (Title 12, Colorado Revised Statutes).

➤ I further certify the facts contained within the following Background Investigation Report are true and correct and I understand that any falsification or misrepresentation may result in a rejection of this application. Also said falsification, omission or misrepresentation is evidence of perjury in the second degree.

Signature

Date Signed

SEAL

Subscribed and sworn to before me by:

in the County of Adams, State of Colorado, this day of , 20

Notary Public:

My Commission Expires:



CONFIDENTIAL BACKGROUND INVESTIGATION REPORT
MANAGER OR EMPLOYEE
MARIJUANA
Form 7N – Page 2

Your Full Name (last, first, middle)		Primary Phone #	home cell work	Alternate #	home cell work
List any other names you have used					
Current residence address			Mailing address (if different from residence)		
Email Address					
Name of current employer					
Personal Information					
Unless otherwise provided by law, the personal information required is solely for identification purposes and will be treated as confidential.					
Date of Birth	Social Security Number	Do you have a current Driver's License/ID? If so, give number and state <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____			
List all felony convictions, in the last 10 years (attach separate sheet if necessary)	Violation	When	Where	Final Disposition	
List all drug-related misdemeanor convictions in the last 5 years (attach separate sheet if necessary)	Violation	When	Where	Final Disposition	
List all drug-related felony convictions	Violation	When	Where	Final Disposition	



**AUTHORIZATION AND CONSENT TO RELEASE INFORMATION
MARIJUANA
Form 8M**

Application # _____
City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

APPLICANTS & MANAGERS – COMPLETE BELOW AND SIGN

Name of Individual (please print):	
Title:	
Trade Name of Establishment:	
Address of Proposed Establishment:	

THE FOLLOWING PARAGRAPH DOES NOT APPLY TO MANAGERS OR EMPLOYEES

- I, as an applicant for the above referenced marijuana license, hereby authorize release of information pertaining to my financial qualifications in conjunction with the paragraphs listed above. I hereby consent to and authorize the release of any and all personal or business books, records, checkbooks, bank statements and records, financial data, balance sheets, income accounts, forms and all other applicable data and information relative to my credit standing and business reputation by any person or entity having possession or control thereof to any person presenting a signed copy of this Authorization and Consent to Release Information, or a true copy of a signed copy thereof, upon the express condition, however, that said release is limited to an investigation conducted pursuant to the aforesaid licensing and operation thereunder, but this consent shall continue to operate so long as above-named licensee shall hold said license, if granted, and for the term or terms of any renewals or extension thereof.

THE FOLLOWING TWO PARAGRAPHS APPLY TO ALL APPLICANTS, MANAGERS AND EMPLOYEES

- As an applicant for a Marijuana license before the Marijuana Licensing Authority, I am required to furnish information concerning my moral, educational, and mental qualifications. In this regard, I hereby authorize the Thornton Police Department to make any and all appropriate inquiries regarding the above-enumerated qualifications. Moreover, I authorize those people or organizations selected by the Thornton Police Department to release any and all information of a confidential or privileged nature.
- I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. I further authorize the Thornton Police Department and Marijuana Licensing Authority to discuss, in a public forum, any and all findings in regard to my moral, educational, and character qualifications, should I wish to proceed to that stage of the process with my application. I understand that any information or records obtained from you or by the City may become public records available upon request by the public.

Signature	Date Signed
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SEAL	Subscribed and sworn to before me by:
	in the County of Adams, State of Colorado, this day of , 20
	Notary Public:
	My Commission Expires: