



THORNTON

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

TRANSFER OF OWNERSHIP APPLICATION Marijuana Checklist and Instructions

Pursuant to Thornton City Code Section 42-719(a): Transfer of ownership. A transfer of ownership of any marijuana store license issued pursuant to this article shall be prohibited for two years after the date the license is issued by the City, except in the event of the death of a licensee who was a sole proprietor, and when transfer of ownership to the licensee's heir is requested.

- **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.

TRANSFER OF OWNERSHIP FEE:

	\$3,000 per license fee
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REQUIRED DOCUMENTS (COMPLETE AND SIGN BEFORE SUBMITTING):

	City Form 17M – Transfer Application
	City Form 6M – Affirmation and Consent
	City Form 5M – Background Investigation
	City Form 7M – Background Investigation Report (Owners)
	City Form 7N – Background Investigation Report (Managers) (not previously approved)
	City Form 8M – Authorization and Consent to Release Information (Owners / Managers)
	Copy of MED Badge, front and back, on the same page (Owners / Managers)
	Copy of ID (Owners / Managers)
	Fingerprinting – see attached instructions (Owners / Managers)

ATTACH THE FOLLOWING ADDITIONAL DOCUMENTS (Refer to City Code Section Sec. 42-715. - General application requirements for further details).	
	Copy of State application for change of ownership/structure
	Community Engagement Plan (See definition in City Code Section 42-702. – Definitions).
	Proof of payment of all city and state occupational taxes, city and state sales and use taxes, excise taxes, and any fines, penalties and interest assessed against or imposed upon licensee in relation to operation of the licensed business
	Copy of executed sales contract or agreement regarding the ownership interest; or new or amended operating agreement or bylaws showing ownership percentages; or documentation showing change of officers and/or directors
	List of all proposed structural changes and modifications, if any, to the premises (must file modification application prior to any changes being made)
	Security plan indicating how the business intends to comply with the requirements related to monitoring and securing the licensed premises as required by Chapter 42, Article X of the Thornton City Code and all applicable state laws and Rules and Regulations.
	Floor plan of the licensed premise drawn to scale on an 8.5" x 11" paper, showing principal uses of each section of the floor area, including square footage of the premises
	Lease or deed, or contingent lease or deed which shall be in the name of the applicant
	Site plan, including all uses of the proposed licensed premise, all outdoor lights and signage
	Proof of insurance or proposed contract for proof of insurance
	Plan for preventing those under the age of 21 from entering the licensed premises
	Odor management plan, detailing the methods used to prevent the emission of any odor of marijuana from the licensed premises.
	Any additional information that supports this application



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RETAIL MARIJUANA TRANSFER OF OWNERSHIP FORM 17M

Licensee Name			DBA	
Physical Address of Business				Phone Number
State License #	City License #	License Type	Expiration Date	City Sales Tax License #
Mailing Address (if different from Business address)				
Primary Contact Person for Business		Title	Primary Contact Phone Number	
Primary Contact Address			Primary Contact Email Address	
Operating Manager	Email Address			Phone Number

AFFIRMATION & CONSENT

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business	Title
Signature	Date

DECISION OF LOCAL LICENSING AUTHORITY

The Marijuana Hearing Officer for the City of Thornton has examined the following application and supporting documentation, and based on this examination, the applicant's request is hereby: Approved Denied

Signature	Title	Date
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Current Ownership Structure Prior to Transfer

List all persons and/or entities with any ownership interest, including but not limited to all officers, directors, and owners of at least 10% of the entity making an application for a license under this article. If an entity (corporation, partnership, LLC, etc.) has an interest in the applicant company, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interests. Use separate sheet(s), as needed. Any attachments need to be labeled as exhibits.

Name	Title	SSN/FEIN	DOB	Phone
Street address	City	State	Zip	E-mail address
Business associated with		Ownership %	Effective % of license	
Name	Title	SSN/FEIN	DOB	Phone
Street address	City	State	Zip	E-mail address
Business associated with		Ownership %	Effective % of license	
Name	Title	SSN/FEIN	DOB	Phone
Street address	City	State	Zip	E-mail address
Business associated with		Ownership %	Effective % of license	
Name	Title	SSN/FEIN	DOB	Phone
Street address	City	State	Zip	E-mail address
Business associated with		Ownership %	Effective % of license	
Name	Title	SSN/FEIN	DOB	Phone
Street address	City	State	Zip	E-mail address
Business associated with		Ownership %	Effective % of license	
Name	Title	SSN/FEIN	DOB	Phone
Street address	City	State	Zip	E-mail address
Business associated with		Ownership %	Effective % of license	

Proposed Ownership Structure After Transfer					
Applicant's New (Legal) Business Name			New Trade Name (DBA)		
Physical Address		City	State	Zip	
Mailing Address (if different)		City	State	Zip	
Name	Title	SSN/FEIN		DOB	Phone
Street address	City	State	Zip	E-mail address	
Business associated with		Ownership %		Effective % of license	
Name		SSN/FEIN		Date of Birth	Phone
Street address	City	State	Zip	E-mail address	
Business associated with		Ownership %		Effective % of license	
Name		SSN/FEIN		Date of Birth	Phone
Street address	City	State	Zip	E-mail address	
Business associated with		Ownership %		Effective % of license	
<i>Name</i>		<i>SSN/FEIN</i>		<i>Date of Birth</i>	<i>Phone</i>
Street address	City	State	Zip	E-mail address	
Business associated with		Ownership %		Effective % of license	
Name		SSN/FEIN		Date of Birth	Phone
Street address	City	State	Zip	E-mail address	
Business associated with		Ownership %		Effective % of license	
Name		SSN/FEIN		Date of Birth	Phone
Street address	City	State	Zip	E-mail address	
Business associated with		Ownership %		Effective % of license	



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BACKGROUND INVESTIGATION Form 5M

TO BE COMPLETED BY ALL APPLICANTS – INCLUDING PRINCIPAL OFFICERS, PARTNERS, STOCKHOLDERS, OR DIRECTORS WITH 10% OR MORE OWNERSHIP

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

Notice: The Marijuana Background Application Form is an official document. If you provide false information on your marijuana license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The City of Thornton will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation, or criminal prosecution.

If you need clarification of any of the following questions, please contact the City Clerk's office at 303-538-7367 during business hours.

1. Have you been convicted of a drug-related felony at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been convicted of a weapon-related felony conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you been convicted of a drug-related misdemeanor in the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you have any pending drug-related charges?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you currently serving a felony drug deferred judgment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you, or any business in which you have had a 25% or more ownership interest, had a marijuana license suspended or revoked by the State of Colorado, or a local jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO

STOP! If you answered YES to any of the above questions, by law you cannot obtain or hold a City of Thornton Marijuana license.

REFERRAL TO THORNTON POLICE DEPARTMENT		PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK	
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			
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 _____	
<p>The City of Thornton, by law, has the authority to regulate Marijuana Licenses. Pursuant to that authority, the City conducts background investigations of applicants for owners of Retail and Medical licensed establishments. The Background Investigation Report provides basic information about the applicant, which is necessary for the investigation.</p> <p style="text-align: center;"><u>Every answer you give will be checked for its truthfulness. A deliberate falsehood will jeopardize the application, as such falsehood within itself constitutes evidence regarding the reputation and character of the applicant.</u></p> <ul style="list-style-type: none"> ➤ I have read and I do understand the above statement. 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 44, Colorado Revised Statutes). ➤ I further certify the facts contained within the Background Investigation Report are true and correct and I understand that any falsification or misrepresentation will result in a rejection of this application or a revocation of said license. Also said falsification, omission, or misrepresentation is evidence of perjury in the second degree. ➤ As an applicant for a Marijuana license before the Marijuana Licensing Authority, 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 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	
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
 APPLICANT OR OWNER
 Form 7M**

TO BE COMPLETED BY ALL APPLICANTS – INCLUDING PRINCIPAL OFFICERS, PARTNERS, STOCKHOLDERS, OR DIRECTORS	
REFERRAL TO THORNTON POLICE DEPARTMENT	PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK ATTACH SEPARATE SHEET IF NECESSARY
Name of Individual (please print):	
Title:	
Trade Name of Establishment:	
Address of Proposed Establishment:	

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

Every answer you give will be checked for its truthfulness. A deliberate falsehood will jeopardize the application, as such falsehood within itself constitutes evidence regarding the reputation and character of the applicant.

- I have read and I do understand the above statement. 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 44, Colorado Revised Statutes).
- Excluding the corporate officers, stockholders, directors, partners, and members, of the licensed premises, I hereby certify, under penalty of law, that no other individual(s) have any direct or indirect financial interest in the business to be conducted under the license herein applied for.
- As an applicant, I hereby agree to notify the Marijuana Licensing Authority, within 5 (five) days of any changes in the financing of this business, should the changes occur during the period for which this license is issued and for the term or terms of any renewals or extension thereof.
- I further certify the facts contained within the following Background Investigation Report are true and correct and I understand that any falsification or misrepresentation will result in a rejection of this application or a revocation of said license. 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
 APPLICANT OR OWNER
 Form 7M – 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 any felony convictions, (attach separate sheet if necessary)	Violation	When	Where	Final Disposition
List any misdemeanor convictions (attach separate sheet if necessary)	Violation	When	Where	Final Disposition
List any pending charges of any type (attach separate sheet if necessary)	Violation	When	Where	Final Disposition

**CONFIDENTIAL BACKGROUND INVESTIGATION REPORT
 MANAGERS
 Form 7N**

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

MANAGERS

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
Form 8M

APPLICANTS & MANAGERS – COMPLETE BELOW AND SIGN	
Name of Individual (please print):	
Title:	
Trade Name of Establishment:	
Address of Proposed Establishment:	

THE FOLLOWING PARAGRAPH <u>DOES NOT</u> APPLY TO MANAGERS OR EMPLOYEES
<p>➤ 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.</p>

THE FOLLOWING TWO PARAGRAPHS APPLY TO ALL APPLICANTS, MANAGERS AND EMPLOYEES
<p>➤ 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.</p> <p>➤ 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.</p>

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:

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.