



Town of Buena Vista

P.O. Box 2002

Buena Vista CO 81211

Phone: (719) 395-8643

Fax: (719) 395-8644

MEDICAL MARIJUANA CENTER PERMIT SUBMITTAL REQUIREMENTS AND PROCESSING INFORMATION

The following documents/information must be submitted as part of the Medical Marijuana Center Permit Application:

- Completed permit application
- Background investigation form for applicant and all owners, officers, managers, and employees of the applicant (Obtain from Town Clerk)
- Complete set of fingerprints for all owners, officers, managers, and employees of the applicant. (Obtain from Town Clerk)
- Indemnification Agreement and Affidavit of Acknowledgement
- \$500 non-refundable application fee payable to the Town of Buena Vista
- \$50 Criminal Background Check fee for each owner, officer, manager, and employee of the applicant
- State Sales Tax Number
- Security Plan describing compliance with Section 6-54(d) of Article IV, Chapter 6, of the Buena Vista Municipal Code
- Business Plan including:
 - A description of proposed security provisions and systems:
 - Proposed hours of operation
 - A Lighting Plan (Outdoor)
 - A description of any cultivation within the center including where the plants will be grown, the number of plants to be grown, the number of plants within a given stage of growth at any given time, a description of the ventilation system for the premises, and a lighting plan for the cultivation.
 - A plan for the legal disposal of any unused and unmarketable marijuana.
- Copy of deed or lease, and if owned by third party, copy of property owner affidavit



Following is an overview of the processing steps for a Medical Marijuana Center Permit:

- 1) Submit complete application and all required attachments to the Town Clerk.
- 2) Medical Marijuana Centers are only allowed in certain locations within the Town of Buena Vista. If you have questions about your proposed location, please contact the Planning Department at 719-581-1028 to verify that the proposed location meets the location requirements.
- 3) The application requires a complete set of fingerprints to be submitted for the applicant and all owners, officers, managers, and employees of the application. Finger printing may be completed at the Leadville Police Department located at 800 Harrison Avenue in Leadville. Contact Alyssa at 719-486-1365 ext. 3 to schedule an appointment, or through the CABS (Colorado Applicant Background Services) system. Please contact the Town Clerk at 719-581-1017 for information on accessing CABS.
- 4) A criminal background history will be conducted by the Police Department on the applicant and all owners, managers, and employees of the applicant. It is important that information contained within the application and attachments is complete and accurate. Any misrepresentations or omissions may affect the issuance of a permit.
- 5) If interior or exterior changes are proposed to the tenant space or building, the applicant will need to contact the Chaffee County Building Department for information related to applicable building codes and necessary permits. The Building Department can be reached at 719-539-2124.
- 6) If a sign is proposed, a Sign Permit may be required. Signs shall comply with the Buena Vista Municipal Code and shall conform with the limitations set forth in Article IV Section 6-65(b) of the Buena Vista Municipal Code which states in part, "no signage or advertising shall use the word "marijuana" or "cannabis" or any other word, phrase or symbol commonly understood to refer to marijuana unless such word, phrase or symbol is immediately preceded by the word "medical" in type and font that is at least as readily discernible as all other words, phrases or symbols. Such signage and advertising must clearly indicate that the products and services are offered only for medical marijuana patients and primary caregivers."
- 7) The applicant must obtain a Town of Buena Vista Business License. An application for the license can be obtained from the Town Clerk. The annual License fee is \$30.
- 8) The complete application will be reviewed by the Town Board following posting of the property at least 10 days prior to the public hearing. Posting materials must be obtained from the Town Clerk.



Medical Marijuana Center Permit

Indemnification Agreement and Affidavit of Acknowledgement

As an applicant for a Medical Marijuana Center Permit, I hereby acknowledge and agree to the following:

_____ I have obtained and examined a copy of Chapter 6, Article IV of the Municipal Code of the Town of Buena Vista, Colorado, pertaining to Medical Marijuana Centers, and I agree to abide by and conform to all of the conditions of the Medical Marijuana Center Permit and all provisions of the Town of Buena Vista Municipal Code.

_____ I understand and acknowledge that the approval of the Medical Marijuana Center Permit, if granted, shall in no way permit any activity contrary to the Buena Vista Municipal Code or any activity which is in violation of any applicable laws.

_____ I understand that the applicant and the employees of the medical marijuana center may be subject to prosecution under federal marijuana laws.

_____ I understand that the Town accepts no legal liability in connection with the approval and subsequent operation of the medical marijuana center.

_____ I understand that if a medical marijuana center permit is issued, it is valid for a period of one (1) year from the date of issuance.

_____ I understand that by accepting a permit issued pursuant to Chapter 6, Article IV of the Town of Buena Vista Municipal Code, the permittee agrees to release the Town, its officers, elected officials, employees, attorneys, and agents from any liability for injuries, damages, or liabilities of any kind that result from any arrest or prosecution of dispensary owners, operators, employees, clients or customers for a violation of state or federal laws, rules or regulations.

_____ I understand that by accepting a permit issued pursuant to Chapter 6, Article IV of the Town of Buena Vista Municipal Code, the permittee, jointly and severally if more than one, agrees to indemnify and defend the Town, its officers, elected officials, employees, attorneys, agents, insurers, and self-insurance pool against all liability, claims, and demands, on account of injury, loss, or damage, including, without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the operation of the medical marijuana center that is subject of the permit. The permittee further agrees to investigate, handle, respond to, and to provide defense for and defend against, any such liability, claims, or demands at its expense, and to bear all other costs and expenses related thereto, including court costs and attorney fees.

_____ I acknowledge the Town will conduct a criminal background investigation.

Applicant's Signature

Date



**Medical Marijuana Center
Property Owner Affidavit**

Name of Applicant: _____

Business Name: _____

Proposed Center Location: _____

I, _____, hereby state that I am the owner of record of the property located at _____, Buena Vista, Colorado, and further acknowledge that by signing this affidavit I authorize the submission of the application for a Medical Marijuana Center Permit at said location.

Signature of Property Owner

Date

State of _____)
County of _____)

Sworn to me before this _____ day of _____, 20__

By _____.

Notary Public

My Commission Expires: _____



Medical Marijuana Center Permit Application

Name of Applicant: _____

Date of Birth _____ Social Security Number _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Legal Entity if Other than an Individual _____

Corporation Partnership Limited Liability Company Association

Applicant's Role within Legal Entity (if Applicable) _____

Address of Establishment _____

Are the premises rented or owned? _____

If rented, property owner name (see affidavit attached)

Lease expiration date _____ Property owner's phone number _____

Colorado State Sales Tax Number _____

Town of Buena Vista Business License Number _____

State the Hours of Operation for each day:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge

Signature of applicant/agent _____ Date _____

Signature of property owner _____ Date _____

OFFICE USE ONLY:

Town of Buena Vista
Medical Marijuana Center Application



Permit Fee Paid: _____

Date Submitted: _____ Received By: _____

Date Sent to BV PD _____ BVPD Inspection _____
Officer _____ Date _____

Date Sent to BV Planning _____

Background Check Complete _____

Conditions/Comments:
