



Medical Marijuana Center 2020/2021 Renewal Application

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) _____

Name of Establishment: _____

Address of Establishment _____

Are the premises rented/owned/leased? _____

If rented or leased, property owner name _____

Lease expiration date _____ Property owner's phone number _____

Colorado State Sales Tax Number _____

Town of Buena Vista Business License Number _____

Hours of Operation of Establishment for each day:

Monday _____ to _____

Friday _____ to _____

Tuesday _____ to _____

Saturday _____ to _____

Wednesday _____ to _____

Sunday _____ to _____

Thursday _____ to _____

Signature of Applicant/Agent _____ Date _____

____ There have not been any changes in ownership or financial interest in the license holder or in the business since the previous renewal application.*

I certify that the information submitted is true and correct to the best of my knowledge

Signature of Property Owner _____ Date _____

OFFICE USE ONLY: Submittal Date: _____

Staff Initials: _____

Renewal Fee Paid (\$100.00) _____

Sect 6-63(c) – Each licensee shall report in writing to the local licensing authority any transfer or change in financial interest in the license holder or in the medical marijuana business that is the subject of the license. Such report must be filed with the local licensing authority within thirty (30) days after any such transfer or change.

FOR TOWN DEPARTMENT USE ONLY

Police:	Comments:_____
	Signature:_____ Date:_____
Planning:	Comments:_____
	Signature:_____ Date:_____
Code Enforcement:	Comments:_____
	Signature:_____ Date:_____
Fire:	Comments:_____
	Signature:_____ Date:_____
Town Clerk:	Comments:_____
	Signature:_____ Date:_____