



MEDICAL MARIJUANA DISPENSARY PERMIT SUBMITTAL REQUIREMENTS AND PROCESSING INFORMATION

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

- Completed permit application
- Background investigation form for applicant and all primary care givers
- Complete set of fingerprints for applicant and all primary care givers
- Indemnification Agreement and Affidavit of Acknowledgement
- Documentation addressing compliance with dispensary regulations
- Property Owner Affidavit (if applicable)
- \$2,000 Non-refundable application fee payable to the City of Northglenn
- \$16.50 fingerprint processing fee payable to the Colorado Bureau of Investigation

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

- 1) The first step in obtaining a Medical Marijuana Dispensary Permit is to submit a completed application and all required attachments to the City Clerk's office.
- 2) Medical marijuana dispensaries are only allowed in certain locations within the City of Northglenn. If you have questions about your proposed location, please contact the Department of Planning and Development at 303-450-8836 to verify that the proposed location meets the distance requirements.
- 3) The application requires a complete set of fingerprints to be submitted for the applicant and all primary care givers. Fingerprints can be taken at the City Clerk's office by appointment. Please call 303-450-8755 to make an appointment. \$16.50 payable to the Colorado Bureau of Investigation (CBI) must be remitted in the form of a business check, money order or credit card payment for the fingerprint processing fee.

- 4) A criminal background history will be conducted by the Police Department on the applicant and all primary care givers. 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 Department of Planning and Development for information related to applicable building codes and necessary permits.
- 6) If a sign is proposed, a Sign Permit may be required. Signs shall comply with Article 35 of Chapter 11 of the Northglenn Municipal Code and shall not contain the word “marijuana” or a graphic/image of any portion of a marijuana plant. Contact the Department of Planning and Development for information on sign regulations and permitting.
- 7) The applicant must obtain a City of Northglenn Business and Sales Tax License. An application for the license is included with this application packet. The annual fee for the Business and Sales Tax License is \$15.00. Questions regarding the reporting of sales tax should be directed to the Department of Finance.
- 8) The application will be reviewed by the City Manager and all relevant departments or agencies to determine if the permit should be issued or denied. The City Manager may impose conditions on the issuance of a permit as necessary.
- 9) The City Manager will make a decision on the application within thirty (30) days of the receipt of the completed application unless the investigation period is extended. The applicant will be notified in writing if such an extension of time is needed. The City Manager will mail a copy of his decision to the applicant within three (3) business days of rendering the decision. Questions regarding the status of the application should be directed to the City Clerk’s office.

Important Phone Numbers:

City Clerk’s Office:	
Status of Applications:	303-450-8755
Fingerprint Appointments:	303-450-8755
Finance Department:	
Business and Sales Tax Licenses:	303-450-8729
Planning and Development:	
Zoning/Location Questions:	303-450-8836
Building/Sign Permits:	303-450-8745



City of Northglenn
Office of the City Clerk
Ph: 303-450-8755

MEDICAL MARIJUANA DISPENSARY PERMIT APPLICATION

Name of Applicant: _____ Date of Birth: _____
Last First Middle

Social Security Number: _____ Phone Number: _____

Home Address: _____ Zip Code: _____
Street City State

Trade Name (or DBA) of Establishment: _____

Legal Entity if Other than an Individual: _____

- Corporation Partnership Limited Liability Company Association/other

Applicant's Role within Legal Entity (if applicable): _____

Address of Establishment: _____ Zip Code: _____
Street Unit #

Business Phone: _____ Are the premises owned or rented? _____

If rented, name of property owner: _____

Lease Expiration Date: _____ Property Owner's Phone Number: _____

Provide a complete description of the site for which the permit is being obtained: _____

Colorado Sales Tax Number: _____ Northglenn Sales Tax Number: _____

State the Hours of Operation each day:

Monday	_____	to	_____	Friday	_____	to	_____
Tuesday	_____	to	_____	Saturday	_____	to	_____
Wednesday	_____	to	_____	Sunday	_____	to	_____
Thursday	_____	to	_____				

Provide a complete list of primary caregivers that will dispense marijuana: _____

I declare under the penalty of perjury that this application, including the background investigation and authorization forms, and any accompanying statements have been examined by me and to the best of my knowledge and belief are true, correct and complete. I also declare that I have been given a copy of Chapter 18, Article 14 of the Northglenn Municipal Code pertaining to Medical Marijuana Dispensaries.

Signature of Applicant: _____ Date: _____

<p>For Office Use:</p> <p>Application Date: _____ New Application: _____ Renewal Application: _____</p> <p>Application Fee Paid: _____ (\$2,000 non-refundable application fee)</p>



**MEDICAL MARIJUANA DISPENSARY
BACKGROUND INVESTIGATION FORM**

PLEASE TYPE OR PRINT LEGIBLY
ATTACH A SEPARATE SHEET IF NECESSARY

Name of Individual (Last, First, Middle): _____

List any other names you have used: _____

Residence Address: _____

Social Security Number: _____ Date of Birth: _____

Trade Name of Establishment: _____

Address of Establishment: _____

Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No If yes, explain in detail:

A complete set of fingerprints are required and can be taken at the Northglenn City Clerk's office, 11701 Community Center Drive by appointment. Please call 303-450-8755 to schedule an appointment.

Pursuant to Chapter 18, Article 14 of the Northglenn Municipal Code, the Northglenn Police Department will obtain and review a criminal background records search on the applicant from the Colorado Bureau of Investigation. Applicants who have been previously convicted of a felony violation related to the sale, possession, or use of a scheduled control substance are not eligible for a Medical Marijuana Dispensary Permit.

_____ I have read and I understand the above statement. I further acknowledge that I have obtained and examined a copy of Chapter 18, Article 14 of the Northglenn Municipal Code of the City of Northglenn, Colorado, pertaining to Medical Marijuana Dispensaries.

_____ As an applicant/ primary care giver for a Medical Marijuana Dispensary Permit within the City of Northglenn, I hereby authorize the release of any and all information of a confidential or privileged nature to the City of Northglenn Police Department and its agents.

_____ I hereby release the City of Northglenn, its officers, elected officials, employees, attorneys, and agents from any liability or damage which may result from furnishing the information requested.

_____ I further certify the facts contained within this Background Investigation Form are true and correct and I understand that any falsification, misrepresentation or deliberate omission will affect the issuance of a permit.

Applicant / Primary Care Giver's Signature

Date



**MEDICAL MARIJUANA DISPENSARY PERMIT
INDEMNIFICATION AGREEMENT AND
AFFIDAVIT OF ACKNOWLEDGEMENT**

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

_____ I have obtained and examined a copy of Chapter 18, Article 14 of the Northglenn Municipal Code of the City of Northglenn, Colorado, pertaining to Medical Marijuana Dispensaries, and I agree to abide by and conform to all of the conditions of the Medical Marijuana Dispensary Permit and all provisions of the Northglenn Municipal Code.

_____ I understand and acknowledge that the approval of the Medical Marijuana Dispensary Permit, if granted, shall in no way permit any activity contrary to the Northglenn 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 dispensary may be subject to prosecution under federal marijuana laws.

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

_____ I understand that if a medical marijuana permit is issued, it is valid for a period of one (1) year from the date of issuance. I further understand it is the permittee's responsibility to submit an application for the renewal of the permit no later than forty-five (45) days prior to the date of expiration if such renewal is desired.

_____ I understand that by accepting a permit issued pursuant to Chapter 18, Article 14 of the Northglenn Municipal Code, the permittee agrees to release the City, 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 18, Article 14 of the Northglenn Municipal Code, the permittee, jointly and severally if more than one, agrees to indemnify and defend the City, 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 dispensary that is the 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.

Applicant's Signature

Date



MEDICAL MARIJUANA DISPENSARY ATTACHMENT TO PERMIT APPLICATION

COMPLIANCE WITH REGULATIONS

Please use this form to demonstrate how requirements in Article 14, Chapter 18 of the Northglenn Municipal Code will be met. Please attach additional pages as necessary.

The following sections are not a complete list of regulations for medical marijuana dispensaries. The permittee must comply with all sections of Article 14, Chapter 18, which include requirements that the permittee keep a ledger of every transaction and that such ledger be made available to the City upon demand, the prohibition of on-site cultivation, the prohibition of the sale or consumption of alcohol beverages within the dispensary, etc. Permittees must also comply with all other provisions of the Northglenn Municipal Code.

Section 18-14-23. Limitation on the sale of marijuana. No marijuana may be sold, given away or transferred at a medical marijuana dispensary, except to patients and to primary caregivers.

Section 18-14-27. Required warning signs to be posted. There shall be posted in a conspicuous location in each medical marijuana dispensary a legible sign containing the following warnings:

- (a) A warning that the diversion of marijuana for nonmedical purposes is a violation of state law;
- (b) A warning that the use of medical marijuana may impair a person's ability to drive a motor vehicle or operate machinery, and that it is illegal under state law to drive a motor vehicle or to operate machinery when under the influence of or impaired by marijuana;
- (c) A warning that loitering in or around the medical marijuana dispensary is prohibited by state law;
- (d) A warning that possession and distribution of marijuana is a violation of federal law.

Section 18-14-28. On-site consumption. The consumption or inhalation of marijuana on or within the premises of a medical marijuana dispensary is prohibited.

Section 18-14-29. Paraphernalia. Devices, contrivances, instruments and paraphernalia for inhaling or otherwise consuming marijuana, including, but not limited to, rolling papers and related tools, water pipes, and vaporizers may lawfully be sold at a medical marijuana dispensary. Such items may be sold or provided only to patients or primary caregivers.

Section 18-14-30. On-site cultivation prohibited. The growing, cultivation or processing of marijuana on or within the premises of a medical marijuana dispensary is prohibited.

Section 18-14-31. Alcohol. The sale or consumption of an alcoholic beverage within a medical marijuana dispensary is prohibited.

Section 18-14-32. Age restrictions. No person under the age of eighteen (18) shall be allowed in any portion of a medical marijuana dispensary.

Section 18-14-33. Ledger required. A permittee shall keep a ledger which shall record the following information, and which shall be made available to the City upon demand:

- (a) The quantity of medical marijuana dispensed in each transaction;
 - (b) The type and source of medical marijuana dispensed;
 - (c) The total amount paid by the patient for the transaction for all goods and services provided;
 - (d) The patient's medical marijuana Identification Card Number, and any other identifying information permitted by law;
 - (e) Confirmation that the permittee confirmed the identity of the patient receiving the medical marijuana with a valid photo identification;
 - (f) The date and time dispensed.
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Section 18-14-34. Limitations on quantity dispensed. A permittee may not dispense more than two ounces of a usable form of medical marijuana, or in the alternative, six marijuana plants, three or fewer of which may be mature flowering plants per patient, per day.

Section 18-14-35. Security requirements. A permittee shall provide adequate security on the premises of a medical marijuana dispensary including, but not limited to, the following:

- (1) Security surveillance cameras installed to monitor the main entrance along with the interior and exterior of the premises to discourage and to facilitate the reporting and investigation of criminal acts and nuisance activities occurring at the premises. Security video shall be preserved for at least seventy-two (72) hours by the permittee, and be made available to law enforcement officers upon demand;
 - (2) A locking safe or secure vault permanently affixed to or built into the premises that is suitable for storage of all of the saleable inventory of marijuana;
 - (3) Exterior windows (without shades) of sufficient size to permit observation of the inside of the dispensary premises by a law enforcement officer standing outside of the dispensary; and
 - (4) Exterior lighting that illuminates the exterior walls of the business.
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