



1026 Park Avenue  
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 Grand Lake, CO 80447  
 970-627-3435  
 www.townofgrandlake.com

# Town of Grand Lake Marijuana Lottery Phase Application

<b>Fees</b>
<input type="checkbox"/> Lottery Phase Application Fee = \$4,000.00 Payable to Town of Grand Lake - Nonrefundable

<b>Applicant Business Information</b>
<b>Applicant is applying as (attach organizational documents):</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association

<b>Applicant Contact Information</b>		
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<i>Phone Number:</i>		<i>DOB:</i>
<i>Applicant Email:</i>		
<i>Trade Name (DBA)</i>		
<i>CO Sales Tax #:</i>		<i>FEIN:</i>

<b>Applicant Mailing Address</b>			
<i>Street/PO Box:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>

## Applicant Ownership and Management Structure

The Applicant must provide the name, date of birth, and address of ALL MANAGERS AND CONTROLLING BENEFICIAL OWNERS as defined by State Law.

*Check if additional information is provided on a separate sheet.*

Name	Mailing Address, City, State, Zip	Date of Birth	Title	% Owned
<i>On-Site Business Manager:</i>		<i>Cell Number:</i>		

### Bonus Weight

***Pursuant to Town Marijuana Code Section 6-5-7(d)(3), bonus weight is not cumulative—the most bonus weight an applicant can receive is 15%***

**For 15% bonus weight in the Lottery selection process,** does Applicant have proof that no less than fifty-one percent (51%) of all Controlling Beneficial Owners associated with the Applicant have continuously resided full-time in the Town, or in Grand County, Colorado, for no less than one (1) full year immediately preceding the date of submission of Applicant’s Lottery Phase Application:

Yes       No

**For 10% bonus weight in the Lottery selection process,** does Applicant have proof that the Applicant is a Social Equity Licensee under the Colorado Marijuana Code:

Yes       No

***If Yes, please attach proof***

**For all of the questions below, answer regarding all individuals named above.**

**“Yes” answers may require additional or follow-up information:**

Do any of the individuals listed above qualify as an “Affiliated Entity” with any other Applicant, as defined in Section 6-5-7(f) of the Town Marijuana Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the individuals listed above qualify as having “substantially the same ownership” with any other Applicant, as defined in Section 6-5-7(f) of the Town Marijuana Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant sharing or intending to share, any funding with any other Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant the true applicant not applying on behalf of another person or entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the individuals listed above under 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above discharged a sentence for a felony conviction within the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above, at any time, been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above employed another person at a regulated marijuana business without confirming the employee’s eligibility to work in the business or whose criminal record history check revealed the employee was ineligible to work in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above made a false, misleading, or fraudulent statement on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above failed to file any tax return with a taxing agency, stay out of default on a government-issued student loan, pay child support, or remedy outstanding delinquent taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above held a regulated marijuana business license issued in another Town, Town and County or State that was revoked, or that was subject to any disciplinary action by any governing jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the individuals listed above a licensed physician making patient recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the individuals listed above had their authority to be a primary caregiver revoked by the State Health Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Lottery Phase Application Process Acknowledgment

I have reviewed Article 5 of Chapter Six of the Grand Lake Municipal Code (the "Town Marijuana Code"), regarding Regulated Marijuana Businesses, and I understand the requirements and obligations for Applicants contained therein. I understand that submission of a complete Lottery Phase Application and associated fee is required for entry into the Lottery. I further understand that an incomplete or deficient Lottery Phase Application will be returned to the Applicant with an opportunity to correct any such deficiency(ies), and that failure to correct such deficiency(ies) within the allotted time frame will result in the denial of the Applicant for entry into the Lottery. The outcome of the Lottery will determine which Applicant continues to the Licensing Phase Application process. I understand that multiple Lottery Phase Applications by the same person or entity, or by multiple entities with substantially the same ownership, as defined in Section 6-5-7(f) of the Town Marijuana Code, are prohibited and will be rejected. I verify that I am applying only on behalf of the individual(s) or entity(ies) shown above and for no other person or entity, and I verify that I will not transfer this Application or a resulting Lottery spot, if any, to a third party at any time. By signing below, I acknowledge that I have read and understand the above statements, the Town Marijuana Code, and that the information contained in this Application is true and correct.

I have read and understood the above statement:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Applicant (if applicant is an entity, specify role within entity)

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

Date

By \_\_\_\_\_

\_\_\_\_\_  
Name(s) of person(s)

\_\_\_\_\_  
Signature of Notary Public