



Boulder County Marijuana & Liquor Licensing
 2025 14th Street · Boulder, CO 80302
 PO Box 471 · Boulder, CO 80306
 Phone: 303-441-3829
 Email: marijuanalicensing@bouldercounty.org
 Website: www.bouldercounty.org

Intake Stamp

Boulder County Marijuana Business/Establishment Conversion Application

Please review the Boulder County Marijuana Licensing Regulations for complete information. The information provided in this application is **public record**.

Type of License: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Retail Marijuana Store | <input type="checkbox"/> Convert current license from Medical to Retail |
| <input type="checkbox"/> Retail Marijuana Products Manufacturing Facility | <input type="checkbox"/> Dual Operation |
| <input type="checkbox"/> Retail Marijuana Cultivation Facility | <input type="checkbox"/> Retail Marijuana Testing Facility |

Submitting the Application:

Follow the steps listed in this application and supply the requested information. Be sure to include:

- A Completed Colorado Business Retail Marijuana License Application/DR 8548** - Apply with the MED, and they will forward your completed State application to Boulder County.
- Include/attach **Sales Tax License**.

Fees:

Make checks payable to the **Boulder County Treasurer**.

- | | |
|--|--------|
| <input type="checkbox"/> Application Fee | \$250 |
| <input type="checkbox"/> Annual Operating Fee | \$4000 |
| <input type="checkbox"/> Accessory License Operating Fee | \$250 |

Business Information:

Legal Name of Business		DBA Name	
Physical Address of Business			
City	State	Zip Code	
Mailing Address			
City	State	Zip Code	
Business Phone		Business Email	
Estimated Number of Staff			Square Footage
Current License Type(s) & Boulder County Number(s)			

Property Owner(s) Information:

If there are multiple owners, please include this information for all owners. Use additional sheet if necessary.

Business Name		Phone Number	
Mailing Address		Email Address	
City	State	Zip	
Signature of Property Owner	Print Name	Date	

Business Owner(s) Information:

If there are multiple owners, please include this information for all owners. Use additional sheet if necessary.

Business Owner Name		Phone Number
Owner Address		Email Address
City	State	Zip Code

Business Owner Name		Phone Number
Owner Address		Email Address
City	State	Zip Code

Associated Business/Establishment Information:

If applicable please provide information for any business or establishment associated with the license that you are applying for. Attach a separate sheet if necessary.

Business/Establishment Name		Phone Number
DBA Name	Email Address	
Physical Address		
City	State	Zip

Plans:

- Updated Floor Plan: Include an updated floor plan showing how the floor space is or will be used. This includes the dimensions and use of every room. Please include detail as to what floor area will be devoted to each use.
- Lighting & Signage: If proposing signage, please include information for the entire parcel, if proposing lighting please provide information for the building where the business will be only. This may be accomplished with photos or a diagram and must include dimensions and elevations. Information on lighting and signage is available in Articles 7-1600 and 13 of the Land Use Code.

Please Note:

An application to Boulder County does not imply a determination that the requested use is compliance with the Land Use regulations, or with other applicable County and State requirements, including but not limited to marijuana licensing mandates.

A separate application and approval is required by the State of Colorado, and any license issued by the Boulder County Marijuana Licensing Authority is contingent upon the appropriate State licensure. The purpose for this application is to comply with the Boulder County Marijuana Licensing Regulations.

Certification:

I certify that I am signing this Application Form as an owner of record of the business/establishment included in this application. I certify that the information and exhibits I have submitted as part of this application are true and correct to the best of my knowledge. I certify and understand that this application gives Boulder County the right of entry to inspect the parcel and all buildings on the parcel related to the marijuana business/establishment for compliance.

Signature of Marijuana Business/Establishment Owner	Print Name	Date
Signature of Marijuana Business/Establishment Owner	Print Name	Date