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 Renewal Marijuana Business/Establishment License 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)

- ☐ Medical Marijuana Center
- ☐ Medical Marijuana Infused Product Manufacturer
- ☐ Medical Marijuana Optional Premises Cultivation
- ☐ Medical Marijuana Testing Facility
- ☐ Retail Marijuana Store
- ☐ Retail Marijuana Products Manufacturing Facility
- ☐ Retail Marijuana Cultivation Facility
- ☐ Retail Marijuana Testing Facility

Submitting the Application:

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

- ☐ **Completed Colorado State Renewal Packet** – The MED will mail a renewal application no later than ninety day prior to the expiration of your license, and forward the application to Boulder County.
- ☐ Include/attach **Sales Tax License**.

Fees:

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

Medical:		**Retail:**	
☐ Renewal Fee	$300	☐ Renewal Fee	$300
☐ Operating Fee	$4000	☐ Operating Fee	$4000
☐ Accessory License Operating Fee	$250	☐ Accessory License Operating Fee	$250

Business Information:

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 to 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:

- ☐ Please include a current floor plan showing how the floor space is being used, including detail as to what the floor area is devoted to what use.

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, 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