

LYONS
C O L O R A D O

303.823.6622

FACSIMILE

303.823.8257

432 5TH AVENUE • PO BOX 19
LYONS • COLORADO 80540

TOWNOFLYONS.COM

MARIJUANA BUSINESS LICENSE APPLICATION

NEW LICENSE TRANSFER OF OWNERSHIP LICENSE RENEWAL-MEDICAL
 LICENSE RENEWAL – RETAIL RELOCATION

Class Of License Sought: MARIJUANA CENTER CULTIVATION OPERATION
 MARIJUANA-INFUSED PRODUCTS MANUFACTURING
 TESTING, RESEARCH, AND DEVELOPMENT FACILITY

1. Applicant Name If an LLC, name of LLC; if partnership at least 2 partner's names; if corporation, name of corporation

E3C Enterprises LLC

2a. Name of Manager if applicable	Legal Name of Owner	Fein Number	
<i>Christopher Weich</i>	<i>Christopher & Erika Weich</i>	<i>825033082</i>	
2. Trade Name of Establishment	State Sales Tax No.	Business Telephone	
<i>Conscious Medz</i>	<i>3449529</i>	<i>7204804862</i>	
3. Address of Premises (specify exact location of premises)	STATE LICENSE NUMBER:		
<i>1040 5th Ave. unit 4</i>	<i>404R-00147 404-00638</i>		
City <i>Lyons</i>	County <i>Boulder</i>	State <i>CO</i>	ZIP Code <i>80540</i>
4. Mailing Address (Number and Street) <i>2880 21st st.</i>	City or Town <i>Boulder</i>	State <i>CO</i>	ZIP Code <i>80304</i>

5. If the premises currently holds a Marijuana (MJ) license, you MUST answer the following questions:

Trade Name of MJ Establishment <i>Conscious Medz</i>	Town MJ License Number <i>18-00214</i>	Class of MJ License <i>MIP for RMB/MMB</i>	MJ License Expiration Date <i>6/19/23</i>
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•ALL ANSWERS MUST BE PRINTED IN INK OR TYPEWRITTEN

•APPLICANT MUST CHECK THE APPROPRIATE BOX(ES)

•LICENSE FEE \$ *6000*

•APPLICATION FEE \$ *3000*

NONREFUNDABLE APPLICATION FEES		MJ OPERATING LICENSE FEES (A SEPARATE APPLICATION AND FEE IS REQUIRED FOR EACH LICENSE.)			
<input type="checkbox"/> Application Fee for New License \$1,500.00		<input type="checkbox"/> Medical Marijuana Center \$3,000.00	<input type="checkbox"/> Retail Marijuana Center \$3,000.00		
<input checked="" type="checkbox"/> Application Fee for Transfer \$1,500.00		<input type="checkbox"/> Testing Facility \$3,000.00	<input checked="" type="checkbox"/> Infused Products Manufacturer/RETAIL \$3,000.00		
<input type="checkbox"/> Application Fee for License Renewal \$1,500.00		<input checked="" type="checkbox"/> Infused Products Manufacturer/MEDICAL \$3,000.00	<input type="checkbox"/> Cultivation Operation \$3,000.00		
6. Has the Applicant knowingly made a false statement or knowingly given false information in connection with the application?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7a. Is the (MMJ) Applicant prohibited by Section 12-43.3-307, C.R.S. from being a licensee?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. Is the (RMJ) Applicant prohibited by Section 12-43.4-306, C.R.S. from being a licensee?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Will the Applicant operate the Marijuana Business as a business prohibited by local or state law, statute, rule or regulation?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Has the Applicant had a Medical or Retail Marijuana Business license or similar local or state license or approval revoked within the five (5) years before the date of the current application?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
				N/A <input type="checkbox"/>	

10. Is the proposed Marijuana Business a permitted use in the zone district in which the new site is located?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Is the proposed new location in the Commercial Eastern Corridor Zone District or General Industrial?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the proposed new location at least 1,000 feet from a public or private school, an alcohol or drug treatment facility, the principal campus of a college, university or seminary, public library, licensed daycare or a licensed residential care facility or another marijuana business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Is the square footage of the proposed Retail Marijuana Store greater than 3,000 square feet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the square footage of the proposed Retail Marijuana Cultivation Facility greater than 20,000 square feet? If the proposed facility is not a green house or will exceed 7,500 square feet, submit a feasibility study regarding the use of Town-owned utilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Is the square footage of the proposed Retail Marijuana Products Manufacturing facility greater than 7,500 square feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Does the Applicant currently hold a General Business License from the Town of Lyons?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. If this is an application for renewal or transfer of an existing license, has the Applicant ceased operations for a period of 90 (ninety) days prior to seeking renewal or transfer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. HAS THE APPLICANT APPLIED FOR RELATED MARIJUANA BUSINESS FROM THE STATE OF COLORADO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE SUBMITTED: <u>1/30/23</u>	DATE RECEIVED: <u>1/30/23</u>		
PLEASE PROVIDE TOWN STAFF WITH A COPY OF THE STATE LICENSE WHEN RECEIVED.			

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and responsibility of my agents and employees to comply with the provisions of the Town of Lyons Marijuana Business Ordinances which affect my license.

Authorized Signature 	Title <u>Owner</u>	Date <u>2/7/23</u>
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REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (LLA)

Date application filed with Local Authority	Date of local authority hearing
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THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS: That each individual required to be listed on the license application has:		Yes	No
A. Submitted State MED Application & Fingerprints to CBI for background check		<input type="checkbox"/>	<input type="checkbox"/>
B. Been subject to a local background investigation if determined by the LLA		<input type="checkbox"/>	<input type="checkbox"/>
C. Consented to the Boulder County Sheriff's Office for inspection of the proposed licensed premise for the purpose of creating an environment that impedes criminal activity Date of Inspection:		<input type="checkbox"/>	<input type="checkbox"/>
D. Results of the background investigation conducted through the Colorado Bureau of Investigation concerning the Applicant, owners, and registered managers for the Applicant, which investigation was completed on _____ were satisfactory and in accordance with Ordinance 952.		<input type="checkbox"/>	<input type="checkbox"/>
E. This completed application has been reviewed by the appropriate persons or agencies upon which the LLA has reasonably determined should investigate and comment		<input type="checkbox"/>	<input type="checkbox"/>

The foregoing application has been examined; and the premises, business to be conducted and character of the applicant are satisfactory. We do report that such license, if granted, meets the approval criteria set forth in LMC 2-6 and in Sections 12-43.4-301, and 12-43.3-101et seq., C.R.S., also known as the Colorado Retail Marijuana Code and the Colorado Medical Marijuana Code.

THE THEREFORE THIS APPLICATION IS APPROVED BY THE TOWN OF LYONS LOCAL LICENSING AUTHORITY.

Signature	Title	Date
Signature (attest)	Title	Date

TOWN OF LYONS MARIJUANA BUSINESS LICENSE

APPLICATION DOCUMENTS CHECKLIST AND WORKSHEET

Instructions: This checklist should be used to assist applicants with filing all required documents for licensure. All documents must be properly signed and correspond with the name of the applicant exactly. All documents must be typed or legibly printed. Upon final Town approval the license will be mailed to the State Licensing Authority. Application fees are nonrefundable.

ITEMS SUBMITTED, PLEASE CHECK ALL APPROPRIATE BOXES COMPLETED OR DOCUMENTS SUBMITTED

I. APPLICANT INFORMATION

- A. Applicant/Licensee Identified and manager listed
- B. State sales tax license listed or applied for
- C. License type or other transaction identified
- D. Return originals to Local Licensing Authority

II. DIAGRAM OF THE PREMISES

- A. No larger than 8 1/2" X 11".
- B. Dimensions included (doesn't have to be to scale). Exterior areas should show control (fences, walls, etc.) Square footage of premise: 1793
- C. Separate diagram for each floor
- D. Kitchen – identified if Retail Marijuana Products Manufacturing facility
- E. Description of Proposed construction (include site plan and architect's drawing as well as interior sketch
- F. Neighborhood Feasibility Study (for qualifying cultivation operations).

III. PROOF OF PROPERTY POSSESSION

A. Deed in name of Applicant only (or)

B. Lease in name of Applicant only - to send updated 2/1/23 AM rec'd 2/1/23 AM

C. Lease Assignment in the name of the Applicant only with proper consent from the Landlord and acceptance from the Applicant

D. Other Agreement if not deed or lease

IV. WAIVERS and ACKNOWLEDGEMENTS

- A. A statement signed by the applicant acknowledging that the Town accepts no legal liability in connection with the approval and subsequent operation of the Marijuana Business.
- B. Acknowledgement that Town will rely on the findings of the Colorado Department of Revenue regarding all mandatory background investigations and will conduct only a limited background investigation of its own.

NEIGHBORHOOD RESPONSIBILITY PLAN

■ **NEIGHBOURHOOD RESPONSIBILITY PLAN** *and* **Community Plan**
A document that outlines the applicant's plans for outreach and communication with neighbors

VI. BACKGROUND AND SECURITY INFORMATION

- A. Fingerprints taken
- B. Background investigation by Boulder County Sheriff's Office, if deemed necessary by LLA
- C. Interior and Exterior inspection of proposed premises by Boulder County Sheriff's Office if deemed necessary by LLA *pending*

VII. ANY ADDITIONAL INFORMATION DEEMED NECESSARY BY THE LOCAL LICENSING AUTHORITY

WHOLESALE SALES TAX LICENSE

THIS LICENSE IS
NOT TRANSFERABLE

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION	VALID THROUGH	
		VALID THROUGH	VALID THROUGH
34495291-0002	07-0003-002 L 100119	Dec 31 2023	

CONSCIOUS MEDZ
5595 ARAPAHOE AVE STE F BOULDER CO 80303-8106



E & C ENTERPRISES LLC
5595 ARAPAHOE AVE STE F
BOULDER CO 80303-8106

Executive Director
Department of Revenue

▲ Detach Here ▲

Important Verification Process

If you are new to Colorado sales tax visit: www.Colorado.gov/revenue/salestaxbasics

VERIFY that all information on your sales tax license is correct. Modify and update any errors you identify on the Internet through Revenue Online. Access your tax account, file returns, submit payments, verify sales tax licenses and view sales tax rates through Revenue Online at www.Colorado.gov/RevenueOnline

All the information you need to get started is on this document; have it with you before you begin. Follow these easy steps.

1. Go to www.Colorado.gov/RevenueOnline
2. Click on **Sign Up (Individual or Business)** link on the right.
3. Click on **Continue**.

Now click on: **Enter Taxpayer Information**. Click on the down arrow in the Account Type list and select Other. Use the first 8-digits of the account number shown on your license. Complete the rest of the screen. Next click on: **Enter Login Information** and complete the screen (this is information YOU get to create for the account). Next click on: **Enter Account Information** and complete the screen.

Your Letter ID is: L0786261472

Then click the **Submit** button. You will see a confirmation page on your screen. You should receive a confirmation email from the Colorado Department of Revenue. If you do not, check your Junk email folder. Once you have your Authorization Code return to Revenue Online via the link in your email. Enter the Login ID and Password you created.

1. Click on the **Login** button.
2. Enter the Authorization Code from your email (first time only).
3. Click **Login**. You should then be in your account. NOTE: If you have additional tax types registered under the same Account Number, such as withholding, you will be able to view those tax types through the account. You do not need to create separate Login IDs and Passwords for each tax in your account.

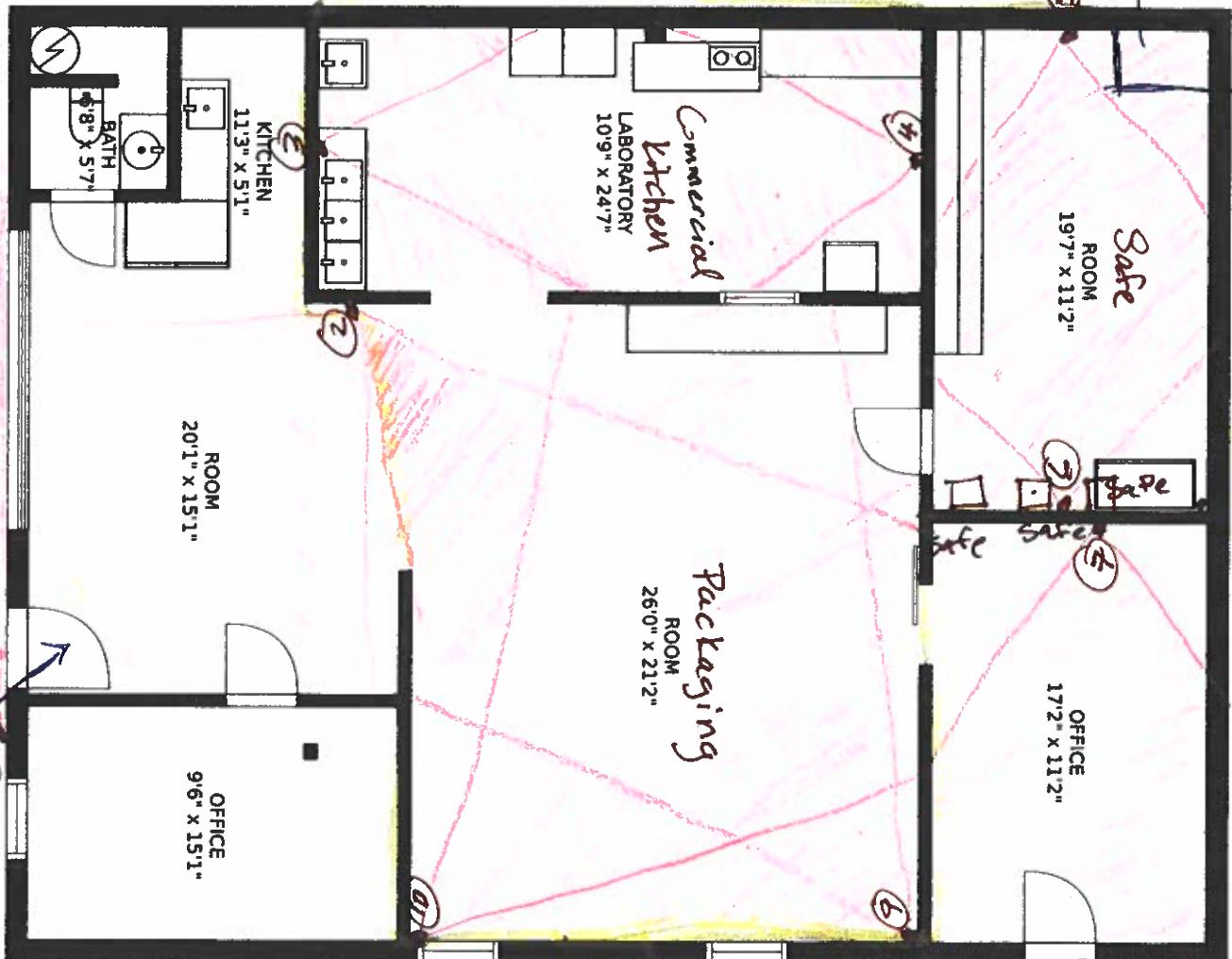
Filing Returns

To file a return, go to Revenue Online (www.Colorado.gov/RevenueOnline). You must file a return for each reporting period. If you have no tax to report, file a zero return. Tax reporting and payment are your responsibility. To avoid late penalties and interest, file online on or before the due date. If you discontinue sales, you may close your business location through Revenue Online.

Learn more and avoid unnecessary errors by attending our free sales tax classes! Sign up at www.TaxSeminars.state.co.us

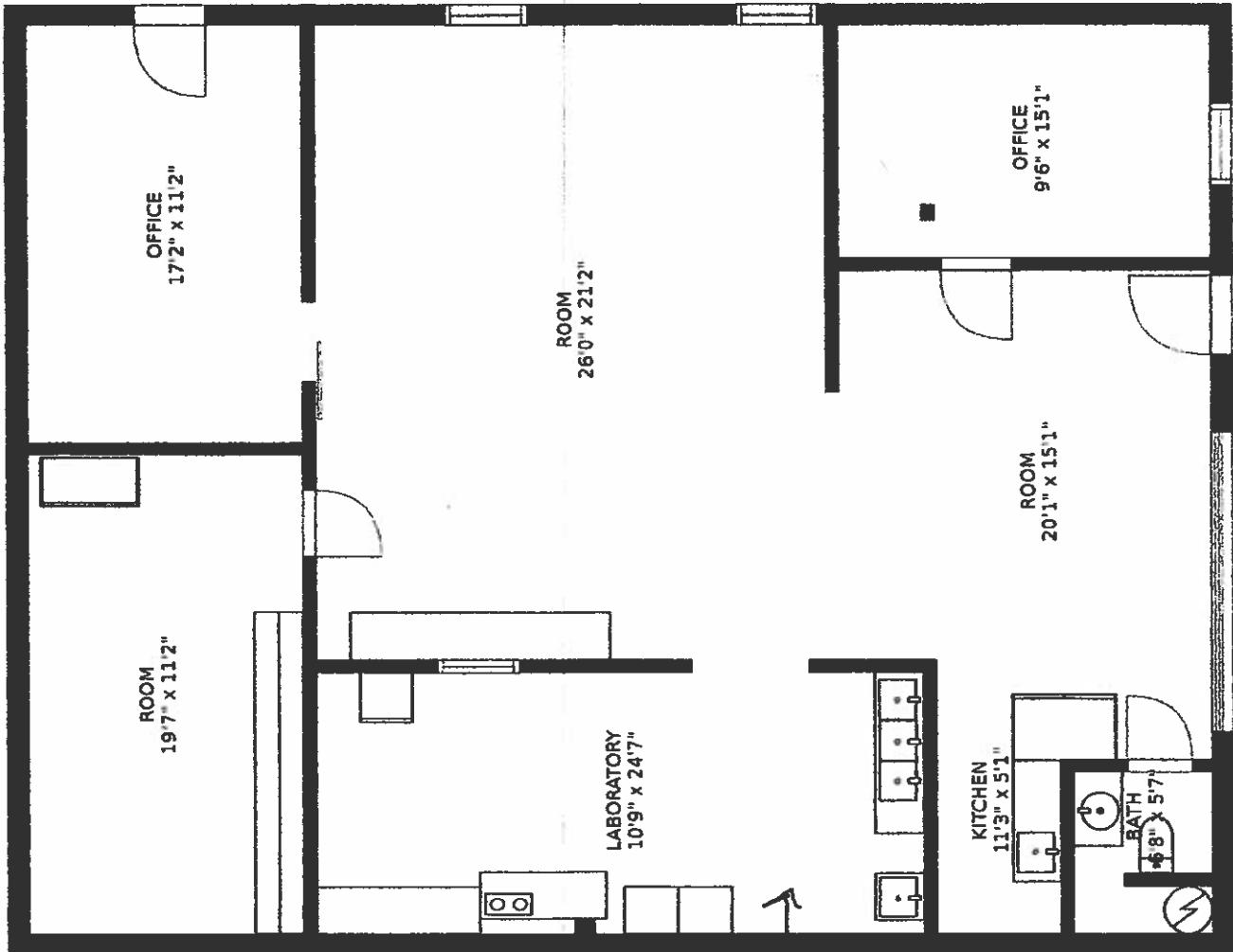


FLOOR 1



limited
access
area

Entrance
Check IDs



ACKNOWLEDGEMENTS

I, Erika Weich, DBA: EiC Enterprises LLC (Conscious Medz) understand and acknowledge that the Town of Lyons accepts **NO LEGAL LIABILITY** in connection with the approval and subsequent operation of the Marijuana Business.

I further understand and acknowledge that the Town of Lyons will rely on the findings of the Colorado Department of Revenue with regard to all mandatory background investigations, and will conduct only a limited background investigation of its own.

DOUBLE GATEWAY
TO THE ROCKIES

E. Weich
Applicant's Signature

2/7/23
Date

State of Colorado}
County of Boulder}

Subscribed before me this 7th day of February, 2023,
By: Erika Weich.

Melanie M. Vasquez
Notary Public

TELEPHONE
303.823.6622

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SEAL

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