



COLORADO
Department of Revenue
Enforcement Division - Marijuana

Marijuana Business Financial Declaration Form

Marijuana Enforcement Division

Financial Declaration Form

Instructions: Fill out this form completely and accurately and include all documentation needed to establish where funding sources originated. The Marijuana Enforcement Division must identify all funding for marijuana businesses and prove those monies come from legitimate sources. Marijuana Enforcement Division staff MAY require additional information in order to complete the processing of this declaration form and license the relevant marijuana business. It is important that these requests are accommodated in a timely manner.

Applicant's Last Name (Please Print)			First Name (Please Print)			Full Middle Name		
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)					Nicknames, Ailases, Etc. Used (Full Name) (Attach separate sheet if necessary)			
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Date of Birth		Social Security Number		Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach details.		
Place of Birth: City			State	Country		Drivers License Number and State+		
Physical Appearance ⇨	Height	Weight	Hair Color	Eye Color	Scars/Tattoos <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain on a separate sheet	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	CO Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", include details here: (Attach separate sheet if necessary)		Date of CO Residency		Alien Registration Number		
Physical Address								
Address			City		County		State	ZIP
Home Phone Number ()			Cell Phone Number ()			Email Address		
Mailing Address (if different from Physical Address)								
Address			City		State		ZIP	
Legal business name of Marijuana business in which you have an interest				Trade Name (DBA)		Marijuana Business License Number		
Name of present employer, if different from above				Work Phone Number ()		Occupation or Job Title		
Applicant's Signature						Date		
Criminal History								
1. Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. In the last 10 years have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY non-drug or non-narcotic related crime or offense in any manner in this or any other country? <ul style="list-style-type: none"> • You must include ALL arrests, charges, and convictions in the last 10 years, but not prior to the age of 18, regardless of the outcome, even if the charges were dismissed or you were found not guilty. • You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses). • You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody. • NOTICE: Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action. 							<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If you answered YES, explain in detail on the sheet provided. For each offense for which you were arrested or charged, YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE. This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.								

Applicant's Last Name (Please Print)	First Name	Full Middle Name
3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?		<input type="checkbox"/> Yes <input type="checkbox"/> No
*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.		
Financial		
Please submit all executed agreements or including loan paperwork or promissory notes related to the Colorado marijuana business with which you have a financial interest.		
1. Amount to be invested or loaned in business:	\$	
2. Percentage of ownership this amount represents:	%	
3. Investment or loan proceeds will be derived from the following sources:		
4. Does the amount invested/loaned to the marijuana business equate to direct or indirect ownership interest in that company, either now or in the future?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:		
5. Has your interest in this marijuana establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:		

Applicant's Initials _____

Investigation Authorization Authorization to Release Information

I, _____, as an investor for this licensee, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name clearly below:

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Signature		Date
State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____, in _____, <i>(City)</i> _____, by _____ <i>(State)</i> <i>(Applicant's Printed Name)</i>		Notary Seal
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Signature of Marijuana Enforcement Division agent presenting this request		Date



VERIFICATION OF FINGERPRINTS

This form is to be completed by the law enforcement representative taking the applicant's fingerprints. Please print or type all information other than signature.

Reason for Fingerprinting:

New Business License

New Associate Key License

Business License Renewal

Associate Key License Renewal

Permitted Economic Interest Registration

Financial Declaration

Name of Applicant	MED License or Registration Number _____
Name of Law Enforcement Representative Taking Fingerprints	Title
Name of Law Enforcement Agency	ORI #
Signature of Law Enforcement Representative	Date

CONFIDENTIAL DOCUMENT: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for **Official Use Only**. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority. *Revised: 03/28/2016*