



MARIJUANA KEY PERSON BACKGROUND / REVIEW REQUEST FORM
Full: New Key or New Business / Surface Review: Renewal (City use – select one)

NAME (FIRST, MIDDLE, LAST)		BIRTH DATE	CITY LICENSE NUMBER		
LEGAL BUSINESS NAME					
TRADE NAME					
PHYSICAL ADDRESS STREET			WHEAT RIDGE	CO	ZIP
BUSINESS PHONE		WEB PAGE		BUSINESS EMAIL ADDRESS	
LICENSE TYPES HELD BY THE BUSINESS Check ALL that apply				KEY PERSON PHONE	
RETAIL		MEDICAL		OWNER	FINANCING OR INVESTMENT
<input type="checkbox"/> STORE		<input type="checkbox"/> CENTER		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CULTIVATION		<input type="checkbox"/> CULTIVATION		%	%
<input type="checkbox"/> INFUSED PRODUCTS		<input type="checkbox"/> INFUSED PRODUCTS			
<input type="checkbox"/> TESTING LAB		<input type="checkbox"/> TESTING LAB			
ASSOCIATIONS PAST OR PRESENT WITH OTHER MARIJUANA BUSINESSES OR LOCATIONS					
BUSINESS NAME		ADDRESS/CITY/ST		HOW ASSOCIATED	FROM

KEY PERSON SIGNATURE _____ DATE _____

FROM: TAX DIVISION MEMBER _____ DATE _____

City use

Enc.	Item and Description	Appointment Required?	New App	Renewal
	Fingerprinting: Police Community Desk (303)235-9995 / SEPARATE FEES	YES	YES	NO
	Tax Division: completeness review, acceptance (303) 235-2825	YES	YES	1x/year
	Legible color copy of the current Colorado marijuana ID	n/a	YES	1x/year
	Legible color copy of current driver license or individual ID card	n/a	YES	1x/year