

**TOWN OF MOUNTAIN VIEW  
MEDICAL MARIJUANA DISPENSARY PERMIT  
SUBMITTAL REQUIREMENTS  
AND PROCESSING INFORMATION**

The following documents/information must be submitted as part of the Medical Marijuana Dispensary Permit application:

Completed permit application

Background investigation form for applicant and all primary care givers

Complete set of fingerprints for applicant and all primary care givers

Indemnification Agreement and Affidavit of Acknowledgement

Documentation addressing compliance with dispensary regulations

Property Owner Affidavit (if applicable)

\$2,000 Non-refundable application fee payable to the Town of Mountain View

\$16.50 fingerprint processing fee payable to the Colorado Bureau of Investigation

Following is an overview of the processing steps for a Medical Marijuana Dispensary Permit:

- 1) The first step in obtaining a Medical Marijuana Dispensary Permit is to submit a completed application and all required attachments to the Town Clerk's office.
- 2) Medical marijuana dispensaries are only allowed in certain locations within the commercial zone district within the Town of Mountain View. If you have questions about the zoning of your proposed location, please contact the Town Clerk.
- 3) The application requires a complete set of fingerprints to be submitted for the applicant and all primary care givers. Fingerprints can be taken at the Mountain View Police Department by appointment. Please call 303-425-1748 to make an appointment. \$16.50 payable to the Colorado Bureau of Investigation (CBI) must be remitted in the form of a business check or money order (no credit cards) for the fingerprint processing fee.

- 4) A criminal background history will be conducted by the Police Department on the applicant and all primary care givers. It is important that information contained within the application and attachments is complete and accurate. Any misrepresentations or omissions may affect the issuance of a permit.
- 5) If interior or exterior changes are proposed to the tenant space or building, the applicant will need to inquire with the Town's Public Works Director about applicable building codes and necessary permits.
- 6) If a sign is proposed, signs shall comply with Article 7 of Chapter 16 of the Mountain View Municipal Code and shall not contain the word "marijuana" or a graphic/image of any portion of a marijuana plant. Contact the Town's Public Works Director for information on sign regulations and permitting.
- 7) The applicant must obtain a Mountain View Business License. An application for the license is included with this application packet. The annual fee for the Business License is \$50.00. Questions regarding the reporting of sales tax should be directed to the Town Clerk.
- 8) The application will be reviewed by the Town Clerk and all relevant departments or agencies to determine if the permit should be issued or denied. The Town Clerk may impose conditions on the issuance of a permit as necessary.
- 9) The Town Clerk will make a decision on the application within thirty (30) days of the receipt of the completed application unless the investigation period is extended. The applicant will be notified in writing if such an extension of time is needed. The Town Clerk will mail a copy of his decision to the applicant within three (3) business days of rendering the decision. Questions regarding the status of the application should be directed to the Town Clerk's office.

**Important Phone Numbers:**

**Town Clerk and Public Works Director:**

Status of applications, business license  
questions, sales tax questions,  
zoning and sign requirements: 303-421-7282

**Mountain View Police Department:**

Fingerprint appointments: 303-425-1748

**MEDICAL MARIJUANA DISPENSARY  
PERMIT APPLICATION**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street City State

Trade Name (or DBA) of Establishment: \_\_\_\_\_

Legal Entity if Other than an Individual: \_\_\_\_\_  
 Corporation  Partnership  Limited Liability Company  Association/other

Applicant's Role within Legal Entity (if applicable): \_\_\_\_\_

Address of Establishment: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street Unit #

Business Phone: \_\_\_\_\_ Are the premises owned or rented? \_\_\_\_\_

If rented, name of property owner: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Property Owner's Phone Number: \_\_\_\_\_

Provide a complete description of the site for which the permit is being obtained: \_\_\_\_\_  
\_\_\_\_\_

Colorado Sales Tax Number: \_\_\_\_\_ Mountain View Sales Tax Number: \_\_\_\_\_

State the Hours of Operation each day:

Monday	_____	to	_____	Friday	_____	to	_____
Tuesday	_____	to	_____	Saturday	_____	to	_____
Wednesday	_____	to	_____	Sunday	_____	to	_____
Thursday	_____	to	_____				

Provide a complete list of primary caregivers that will dispense marijuana: \_\_\_\_\_  
\_\_\_\_\_

I declare under the penalty of perjury that this application, including the background investigation and authorization forms, and any accompanying statements have been examined by me and to the best of my knowledge and belief are true, correct and complete. I also declare that I have been given a copy of Chapter 18, Article 14 of the Mountain View Municipal Code pertaining to Medical Marijuana Dispensaries.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:  
Application Date: \_\_\_\_\_ New Application: \_\_\_\_\_ Renewal Application: \_\_\_\_\_  
Application Fee Paid: \_\_\_\_\_ (\$2,000 non-refundable application fee)

**Town of Mountain View**  
**MEDICAL MARIJUANA DISPENSARY**  
**BACKGROUND INVESTIGATION FORM**

PLEASE TYPE OR PRINT LEGIBLY  
ATTACH A SEPARATE SHEET IF NECESSARY

Name of Individual (Last, First, Middle): \_\_\_\_\_

List any other names you have used: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trade Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes  No  If yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A complete set of fingerprints are required and can be taken at the Mountain View Police Department, 4176 Benton Street, by appointment. Please call 303-425-1748 to schedule an appointment.

Pursuant to Chapter 6, Article 6 of the Mountain View Municipal Code, the Mountain View Police Department will obtain and review a criminal background records search on the applicant from the Colorado Bureau of Investigation. Applicants who have been previously convicted of a felony violation related to the sale, possession, or use of a scheduled control substance are not eligible for a Medical Marijuana Dispensary Permit.

\_\_\_\_\_ I have read and I understand the above statement. I further acknowledge that I have obtained and examined a copy of Chapter 6, Article 6 of the Mountain View Municipal Code of the Town of Mountain View, Colorado, pertaining to Medical Marijuana Dispensaries.

\_\_\_\_\_ As an applicant/ primary care giver for a Medical Marijuana Dispensary Permit within the Town of Mountain View, I hereby authorize the release of any and all information of a confidential or privileged nature to the Town of Mountain View Police Department and its agents.

\_\_\_\_\_ I hereby release the Town of Mountain View, its officers, elected officials, employees, attorneys, and agents from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_ I further certify the facts contained within this Background Investigation Form are true and correct and I understand that any falsification, misrepresentation or deliberate omission will affect the issuance of a permit.

\_\_\_\_\_  
Applicant / Primary Care Giver's Signature

\_\_\_\_\_  
Date

**Town of Mountain View**  
**MEDICAL MARIJUANA DISPENSARY PERMIT**  
**INDEMNIFICATION AGREEMENT AND**  
**AFFIDAVIT OF ACKNOWLEDGEMENT**

As an applicant for a Medical Marijuana Dispensary Permit, I hereby acknowledge and agree to the following:

\_\_\_\_\_ I have obtained and examined a copy of Chapter 6, Article 6 of the Mountain View Municipal Code of the Town of Mountain View, Colorado, pertaining to Medical Marijuana Dispensaries, and I agree to abide by and conform to all of the conditions of the Medical Marijuana Dispensary Permit and all provisions of the Mountain View Municipal Code.

\_\_\_\_\_ I understand and acknowledge that the approval of the Medical Marijuana Dispensary Permit, if granted, shall in no way permit any activity contrary to the Mountain View Municipal Code or any activity that is in violation of any applicable laws.

\_\_\_\_\_ I understand that the applicant and the employees of the medical marijuana dispensary may be subject to prosecution under federal marijuana laws.

\_\_\_\_\_ I understand that the Town accepts no legal liability in connection with the approval and subsequent operation of the medical marijuana dispensary.

\_\_\_\_\_ I understand that if a medical marijuana permit is issued, it is valid for a period of one (1) year from the date of issuance. I further understand it is the permittee's responsibility to submit an application for the renewal of the permit no later than forty-five (45) days prior to the date of expiration if such renewal is desired.

\_\_\_\_\_ I understand that by accepting a permit issued pursuant to Chapter 6, Article 6 of the Mountain View Municipal Code, the permittee agrees to release the Town, its officers, elected officials, employees, attorneys, and agents from any liability for injuries, damages, or liabilities of any kind that result from any arrest or prosecution of dispensary owners, operators, employees, clients or customers for a violation of state or federal laws, rules or regulations.

\_\_\_\_\_ I understand that by accepting a permit issued pursuant to Chapter 6, Article 6 of the Mountain View Municipal Code, the permittee, jointly and severally if more than one, agrees to indemnify and defend the Town, its officers, elected officials, employees, attorneys, agents, insurers, and self-insurance pool against all liability, claims, and demands, on account of injury, loss, or damage, including, without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the operation of the medical marijuana dispensary that is the subject of the permit. The permittee further agrees to investigate, handle, respond to, and to provide defense for and defend against, any such liability, claims, or demands at its expense, and to bear all other costs and expenses related thereto, including court costs and attorney fees.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Town of Mountain View  
MEDICAL MARIJUANA DISPENSARY  
ATTACHMENT TO PERMIT APPLICATION**

**COMPLIANCE WITH REGULATIONS**

Please use this form to demonstrate how requirements in Article 6, Chapter 6, of the Mountain View Municipal Code will be met. Please attach additional pages as necessary.

The following sections are not a complete list of regulations for medical marijuana dispensaries. The permittee must comply with all sections of Article 6, Chapter 6, as well as all other provisions of the Mountain View Municipal Code. Please describe in detail below how you will meet these specific requirements.

Section 6-6-210. Duties of permittee...(4) Comply with all state laws and administrative regulations pertaining to the medical use of marijuana, including, but not limited to, Amendment 20; Section 18-18-406.3, C.R.S.; and the administrative regulations issued by the Colorado Department of Public Health and Environment found at 5 CCR 1006-2, all as amended from time to time... (6) Permit inspection of its records and operation by the Town Clerk for the purpose of determining the permittee's compliance with the terms and conditions of the permit.

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Section 6-6-240. Limitation on the sale of marijuana. No marijuana may be sold, given away or transferred at a medical marijuana dispensary, except to patients and to primary caregivers.

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Section 6-6-280. Required warning signs to be posted. There shall be posted in a conspicuous location in each medical marijuana dispensary a legible sign containing the following warnings:

(1) A warning that the diversion of marijuana for nonmedical purposes is a violation of state law;

(2) A warning that the use of medical marijuana may impair a person's ability to drive a motor vehicle or operate machinery, and that it is illegal under state law to drive a motor vehicle or to operate machinery when under the influence of or impaired by marijuana;

(3) A warning that loitering in or around the medical marijuana dispensary is prohibited by state law;

(4) A warning that possession and distribution of marijuana is a violation of federal law.

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Section 6-6-290. On-site consumption. The consumption or inhalation of marijuana on or within the premises of a medical marijuana dispensary is prohibited.

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Section 6-6-300. Paraphernalia. Devices, contrivances, instruments and paraphernalia for inhaling or otherwise consuming marijuana, including, but not limited to, rolling papers and related tools, water pipes, and vaporizers may lawfully be sold at a medical marijuana dispensary. Such items may be sold or provided only to patients or primary caregivers.

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Section 6-6-310. On-site cultivation, growing, and processing. The growing, cultivation or processing of marijuana on or within the premises of a medical marijuana dispensary is prohibited unless the dispensary is equipped with a proper ventilation system that filters out the odor of marijuana so that the odor is not capable of being detected by a person with a normal sense of smell at the exterior of the dispensary or any adjoining business, parcel or tract of real property.

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Section 6-6-320. Alcohol. The sale or consumption of an alcoholic beverage within a medical marijuana dispensary is prohibited.

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Section 6-6-330. Security requirements. A permittee shall provide adequate security on the premises of a medical marijuana dispensary including, but not limited to, the following:

(1) Security surveillance cameras installed to monitor the main entrance along with the interior and exterior of the premises to discourage and to facilitate the reporting and investigation of criminal acts and nuisance activities occurring at the premises. Security video shall be preserved for at least seventy-two (72) hours by the permittee, and be made available to law enforcement officers upon demand;

(2) Robbery and burglary alarm systems which are professionally monitored and maintained in good working conditions;

(3) A locking safe permanently affixed to the premises that is suitable for storage of all of the saleable inventory of marijuana;

(4) Exterior windows (without shades) of sufficient size to permit observation of the inside of the dispensary premises by a law enforcement officer standing outside of the dispensary; and

(5) Exterior lighting that illuminates the exterior walls of the business, as provided in the Mountain View Municipal Code.

