



1026 Park Avenue
 PO Box 99
 Grand Lake, CO 80447
 970-627-3435
 www.townofgrandlake.com

Town of Grand Lake
 Marijuana
 Lottery Phase
 Application

Fees
<input checked="" type="checkbox"/> Lottery Phase Application Fee = \$4,000.00 Payable to Town of Grand Lake - Nonrefundable

Applicant Business Information
Applicant is applying as (attach organizational documents): <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association

Applicant Contact Information		
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
David	G	Salturelli
<i>Phone Number:</i>		<i>DOB:</i>
<i>Applicant Email:</i>		
<i>Trade Name (DBA)</i>		
lgadl		
<i>CO Sales Tax #:</i>	30735679	<i>FEIN:</i> 47-1820204

Applicant Mailing Address			
<i>Street/PO Box:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>

Applicant Ownership and Management Structure

The Applicant must provide the name, date of birth, and address of ALL MANAGERS AND CONTROLLING BENEFICIAL OWNERS as defined by State Law.

Check if additional information is provided on a separate sheet.

Name	Mailing Address, City, State, Zip	Date of Birth	Title	% Owned
David Michel			Member	20%
David Salturelli			Member	20%
Joshua Pennington			Member	20%
Phuong Cronin		1	Member	20%
Steven Michel			Member	20%
On-Site Business Manager:	Tyler Dodd	Cell Number:		

Bonus Weight

Pursuant to Town Marijuana Code Section 6-5-7(d)(3), bonus weight is not cumulative—the most bonus weight an applicant can receive is 15%

For 15% bonus weight in the Lottery selection process, does Applicant have proof that no less than fifty-one percent (51%) of all Controlling Beneficial Owners associated with the Applicant have continuously resided full-time in the Town, or in Grand County, Colorado, for no less than one (1) full year immediately preceding the date of submission of Applicant's Lottery Phase Application:

Yes No

For 10% bonus weight in the Lottery selection process, does Applicant have proof that the Applicant is a Social Equity Licensee under the Colorado Marijuana Code:

Yes No

If Yes, please attach proof

For all of the questions below, answer regarding all individuals named above.

"Yes" answers may require additional or follow-up information:

Do any of the individuals listed above qualify as an "Affiliated Entity" with any other Applicant, as defined in Section 6-5-7(f) of the Town Marijuana Code? Yes No

Do any of the individuals listed above qualify as having "substantially the same ownership" with any other Applicant, as defined in Section 6-5-7(f) of the Town Marijuana Code? Yes No

Is the Applicant sharing or intending to share, any funding with any other Applicant? Yes No

Is the applicant the true applicant not applying on behalf of another person or entity? Yes No

Are any of the individuals listed above under 21 years of age? Yes No

Have any of the individuals listed above discharged a sentence for a felony conviction within the past five (5) years? Yes No

Have any of the individuals listed above, at any time, been convicted of a felony? Yes No

Have any of the individuals listed above employed another person at a regulated marijuana business without confirming the employee's eligibility to work in the business or whose criminal record history check revealed the employee was ineligible to work in the business? Yes No

Have any of the individuals listed above made a false, misleading, or fraudulent statement on this application? Yes No

Have any of the individuals listed above failed to file any tax return with a taxing agency, stay out of default on a government-issued student loan, pay child support, or remedy outstanding delinquent taxes? Yes No

Have any of the individuals listed above held a regulated marijuana business license issued in another Town, Town and County or State that was revoked, or that was subject to any disciplinary action by any governing jurisdiction? Yes No

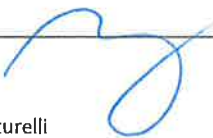
Are any of the individuals listed above a licensed physician making patient recommendations? Yes No

Have any of the individuals listed above had their authority to be a primary caregiver revoked by the State Health Agency? Yes No

Lottery Phase Application Process Acknowledgment

I have reviewed Article 5 of Chapter Six of the Grand Lake Municipal Code (the "Town Marijuana Code"), regarding Regulated Marijuana Businesses, and I understand the requirements and obligations for Applicants contained therein. I understand that submission of a complete Lottery Phase Application and associated fee is required for entry into the Lottery. I further understand that an incomplete or deficient Lottery Phase Application will be returned to the Applicant with an opportunity to correct any such deficiency(ies), and that failure to correct such deficiency(ies) within the allotted time frame will result in the denial of the Applicant for entry into the Lottery. The outcome of the Lottery will determine which Applicant continues to the Licensing Phase Application process. I understand that multiple Lottery Phase Applications by the same person or entity, or by multiple entities with substantially the same ownership, as defined in Section 6-5-7(f) of the Town Marijuana Code, are prohibited and will be rejected. I verify that I am applying only on behalf of the individual(s) or entity(ies) shown above and for no other person or entity, and I verify that I will not transfer this Application or a resulting Lottery spot, if any, to a third party at any time. By signing below, I acknowledge that I have read and understand the above statements, the Town Marijuana Code, and that the information contained in this Application is true and correct.

I have read and understood the above statement:

Signature 
David G. Salturelli

10-30-2023
Date

Printed Name
Member

Relationship to Applicant (if applicant is an entity, specify role within entity)

State of Colorado
County of Jefferson

This instrument was acknowledged before me on 10-30-2023

By David G. Salturelli

Name(s) of person(s)
-



Signature of Notary Public

PHUONG T CRONIN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20134053641
MY COMMISSION EXPIRES AUGUST 23, 2025