	Affirmation & Consent		
Alexander Close, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Natural Person Finding of Suitability Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of the Marijuana application. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the			
payment amount directly from your ba	anking account electronically.		
Print Full Legal Name of Applicant c	learly below:		
ast Name of Applicant (Please Print) Close	First Name of Applicant Alexander	Middle Name of Applicar Michael	
Signature MMM W	in	REQUIRED Date	1/11/24

Tax Check Authorization and Request To Release Information am signing this waiver on behalf of Verts Grand Lake LLC , Alexander Close (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee. The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 44-10-202(1) and 44-10-307(1)(e), C.R.S. This waiver is made pursuant to section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved. (1) for one year from the date of licensure or; (2) if applying for an employee license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license. Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below. 1. Whether the Applicant/Licensee has failed to file any state tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required. 2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment. 3. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan. Applicant/Licensee authorizes the Colorado Department of Revenue and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist the Colorado Department of Revenue and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print). Social Security Number/Tax Identification Number Applicant's Name (Individual/Business)

City

Legal First Name

Alexander

Business/Work Telephone Number

Full Middle Name

Michael

Date

REQUIRED

Zip Code

State

Verts Grand Lake LLC

Legal Last Name (Please Print)

Home Telephone Number

Applicant's Signature

Street Address

Close

investigation Authorization/Autho	rization to Release information
Licensing Authority, the Marijuana Enforcement Division, (here investigation into my personal background, using whatever leg person or entity contacted by the Investigatory Agencies to proby the Investigatory Agencies. I hereby waive any rights of conthis authorization, a financial record check may be performed. The Investigatory Agencies a complete and accurate record of institution, including, but not limited to, internal banking memoratements and any other documents relating to my personal of wherever located. I authorize the release of this type of informas "confidential" or "nonpublic" under the provisions of state or authorization, a criminal history check will be performed. I authorization, a criminal history check will be performed. I authorization that the criminal history record files contain record other than a finding of guilt (i.e., dismissed charges, or charges that the information may contain listings of charges that resulted successfully completed the conditions of said sentence and was type of information, even though this record may be designated state or federal laws.	ral means they deem appropriate. I hereby authorize any ovide any and all such information deemed necessary offidentiality in this regard. I understand that by signing I authorize any financial institution to surrender to such transactions that may have occurred with that randa, past and present loan applications, financial or business financial records in whatever form and action, even though such information may be designated federal laws. I understand that by signing this sorize the Investigatory Agencies to obtain and use from the proof of criminal history record files, wherever located do of arrests which may have resulted in a disposition of that resulted in a not guilty finding). I understand in suspended imposition of sentence, even though I is discharged pursuant to law. I authorize the release of this
The Investigatory Agencies reserve the right to investigate all understand that the Investigatory Agencies may conduct a corthe accuracy of all information gathered. However, the State or employees of the State of Colorado shall not be held liable information. I, on behalf of the applicant, its legal representative agree to hold harmless, and otherwise waive liability as to the agents or employees of the State of Colorado for any damage any manner, other than a willfully unlawful disclosure or public inquiries, investigations, or hearings, and hereby authorize the or information. Any information contained within my application or otherwise found, obtained, or maintained by the Investigator agents of this or any other state, the government of the United	mplete and comprehensive investigation to determine of Colorado, Investigatory Agencies, and other agents for the receipt, use, or dissemination of inaccurate wes, and assigns, hereby release, waive, discharge, and State of Colorado, Investigatory Agencies, and other is resulting from any use, disclosure, or publication in ation, of any material or information acquired during a lawful use, disclosure, or publication of this material in, contained within any financial or personnel record, my Agencies, shall be accessible to law enforcement

Print Full Legal Name of Owner clear	ly below:			
Applicant's Legal Business Name		Trade Name (DBA)		
Verts Grand Lake LLC		Verts Neighborho	od Dispensary	
Last Name of Owner (Please Print)	First Name of Owner		Middle Name of Owner	
Close	Alexander		Michael	
Signature AW A Co	e-		REQUIRED Date	3/11/24
V				, ,

	Applicant's Reque	st to Release Info	rmation	L	
TO:	Leave this Blank)		FROM: (Applicant's Print Verts Grand Lake		
	I/We hereby authorize and request all persons to whor concerning the above named applicant to furnish Enforcement Division whether or not such information constitutional, statutory or common law privilege.	on would otherwise be pro	tected from the disc	closure by any	
	I/We hereby authorize and request all persons to wh concerning the above named applicant to permit a d review and copy any such documents, whether or no by any constitutional, statutory, or common law privil	uly appointed agent of the such documents would on ege.	otherwise be protecte	ed from disclosure	
	If the person to whom this request is presented is a institution or an officer of the same, I/we hereby auti Marijuana Enforcement Division be permitted to recorrespondence pertaining to me/us, including but us, checking account records, savings deposit recolledger folio sheets.	riorize and request that a riew and obtain copies of a not limited to past loan info ords, safe deposit box reco	any and all documer ormation, notes co-s ords, passbook reco	nts, records or igned by me/ rds, and general	
4.	I/We do hereby make, constitute, and appoint any of Division, my/our true and lawful attorney in fact for for my/our use and benefit:	me/us in my/our name, pi	ace, stead, and on n	ny/our benan and	
	 (a) To request, review, copy sign for, or otherwise information in the possession of the person to 	act for investigative purpo whom this request is pre-	oses with respect to sented as I/we migh	documents and t	
	(b) To name the person or entity to whom this req appropriate location in this request:	uest is presented and inse	ert that person's nan	ne in the	
	(c) To place the name of the agent presenting this	s request in the appropriat	e location on this re	quest.	
5,	I grant to said attorney in fact full power and author whatsoever requisite, proper, or necessary to be degranted, as fully to all intents and purposes as I/we of substitution or revocation, hereby ratifying and c substitutes, shall lawfully do or cause to be done b herein granted.	one, in the exercise of any might or could do if perso onfirming all that said atto	onally present, with from the results on the results and personally present, with from the results and personal results and results and results are results are results and results are results and results are results and results are results and results are results are results and results are results and results are results are results and results are results are results are results are results are results and results are results are results are results are results are results are results and results are results	ull power ubstitute or	
6.	This power of attorney ends twenty-four (24) month	ns from the date of execut	ion.		
	The above named applicant has filed with the Colo license. Said applicant understands that it is seek of proving its qualifications for a favorable determine	rado Marijuana Licensing	Authority an applica	tion for a Marijuana es that the burden	
	8. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.				
9.	A reproduction of this request by photocopying or the original.				
2000	licant's Last Name (Please Print)	First Name		ull Middle Name	
	ose	Alexander	10.1	/lichael	
Sig	nature And M Clean		REQUIRED	3/11/24	

Affirmation & Consent

, state under penalty for offering a false instrument for recording
Person Finding of Suitability Application Form, statements,
nd correct to the best of my knowledge and belief, and that this
srepresentation or failure to reveal information requested may
e a Marijuana license by the State Licensing Authority. Further, I
isrepresentation made in the above statements may be grounds
oluntarily submitting this application to the Colorado Marijuana
that I may be charged with perjury or other crimes for intentional
lorado law or for offering a false instrument for recording pursuant
ound investigation necessary to determine my present and
es as long as I hold a Colorado Marijuana license.

Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Print Full Legal Name of Applicant clearly below:				
Last Name of Applicant (Please Print)	First Name of Applicant	Middle Name of Applicant		
Close	Ashley	Louise		
Signature Hilly		Date 3/12/2024		

Tax Check Authorization and Request To Release Information

Ashley Close am signing this waiver on behalf of Verts Grand Lake LLC

(the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 44-10-202(1) and 44-10-307(1)(e), C.R.S. This waiver is made pursuant to section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an employee license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

- 1. Whether the Applicant/Licensee has failed to file any state tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
- 2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
- 3. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

Applicant/Licensee authorizes the Colorado Department of Revenue and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist the Colorado Department of Revenue and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

records, Applicant/Licensee is voluntarily p	roviding the following	information (plea	se type or print).	authority locate the tax
Applicant's Name (Individual/Business)		Social Security Nun	ber/Tax Identification Numb	er
Verts Grand Lake LLC				
Street Address		City	State	Zip Code
1 to 17				
Home Telephone Number		Business/Work Tele	phone Number	•
Legal Last Name (Please Print)	Legal First Name		Full Midd	le Name
Close	Ashley		Louise	;
Applicant's Signature			Date 3	112/2024

Investigation Authorization/Authorization to Release Information

Ashley Close , 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 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 of Owner c	learly below:		
Applicant's Legal Business Name		Trade Name (DBA)	
Verts Grand Lake LLC		Verts Neighborhood Dispens	ary
Last Name of Owner (Please Print)	First Name of Owner	Middle Name o	of Owner
Close	Ashley	Louise	
Signature Ashly	01		Date 3/12/2024
Confidential Document: This docu Colorado Marijuana Enforcement Di	ment is the property of ivision, and is provided	the Colorado Marijuana State Lice for Official Use Only. This docume	ensing Authority and the ent may not be further

reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

Applicant's Request to Release Information

	1 20 25 PM P 20 20 PM	and the second second	
TO: (Leave this Blank)			FROM: (Applicant's Printed Name)
			Verts Grand Lake LLC

- 1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
- I/We hereby authorize and request all persons to whom this request is presented having documents relating to or
 concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to
 review and copy any such documents, whether or not such documents would otherwise be protected from disclosure
 by any constitutional, statutory, or common law privilege.
- 3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
- 4. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
 - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
 - (c) To place the name of the agent presenting this request in the appropriate location on this request.
- 5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
- 6. This power of attorney ends twenty-four (24) months from the date of execution.
- 7. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant.
- 8. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
- A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Applicant's Last Name (Please Print)	First Name	Full Middle Name
Close	Ashley	Louise
Signature Sally C		Date 3/12/2024

Δ	ffirm	ation	& C	one	ont
$\overline{}$		a			

pursuant to 18-5-114 C.R.S. that the attachments, and supporting schedul statement is executed with the knowl be deemed sufficient cause for the ream aware that later discovery of an ofor the denial of the Marijuana applical Licensing Authority under oath with fundissions and misrepresentations put to 18-5-114 C.R.S. I further consent to continuing suitability and that this cor Note: If your check is rejected due to payment amount directly from your be	les are true and correct to the be ledge that misrepresentation or factured to issue a Marijuana licens omission or misrepresentation material and voluntarily submitting all knowledge that I may be chargursuant to Colorado law or for office any background investigation resent continues as long as I hold insufficient or uncollected funds	Suitability Application Form st of my knowledge and bel ailure to reveal information rue by the State Licensing Auade in the above statements this application to the Colorged with perjury or other critering a false instrument for the cessary to determine my a Colorado Marijuana licen	, statements, ief, and that this requested may thority. Further, I may be grounds ado Marijuana mes for intentional recording pursuant present and se.	
Print Full Legal Name of Applicant c	learly below:			
ast Name of Applicant (Please Print) Rowland First Name of Applicant Daniel Middle Name of Applicant Wood				
Signature Daniel W. Rowlas	nd	D	ate 3-11-2024	
Confidential Document: This docume	ent is the property of the Colorado	Marijuana State Licensing	Authority and the	

Tax Check Authorization and Request To Release Information

Tax Officer Authorization and P	request to Releas	e informa	ation
Daniel Rowland am signing this w (the "Applicant/Licensee") to permit the Colorado Departmen release information and documents that would otherwise be myself, I certify that I have the authority to execute this waive	confidential. If I am signing this	te or local taxing waiver for some	authority to one other than
The information and documentation obtained pursuant to this wapplication or licensure with the Colorado Marijuana Enforcem obligations pursuant to several statutory provisions, including sis made pursuant to section 39-21-113(4), C.R.S.; and any ot of tax returns and return information. This waiver shall be valid approved, (1) for one year from the date of licensure or; (2) if a code, for two years from the date of licensure. If the license is a C.R.S., this waiver shall be valid until the state licensing autholicense. Applicant/Licensee agrees to execute a new waiver frenewal of any license.	ent Division, which requires proceeding 44-10-202(1) and 44-10 her similar law or ordinance cold while the application is pending pplying for an employee license administratively continued pursuority takes final action to approven	of of compliance 1-307(1)(e), C.R. ncerning the cor g and, if the appl under the medic ant to section 44 we or deny the re	with certain tax S. This waiver offidentiality ication is cal marijuana I-10-314, enewal of the
Applicant/Licensee requests that the Colorado Department or release the following information and supporting documenta is acting as Applicant's/Licensee's duly authorized represent the information specified below.	tion to the Colorado Marijuana	Enforcement D	ivision, which
 Whether the Applicant/Licensee has failed to file any st or any other state or local taxing authority by the requir time for filing) for any tax year for which filing of a return 	ed due date (determined with r	o Department o egard to any ex	f Revenue stension(s) of
Whether the Applicant/Licensee has failed to pay any to which the Colorado Department of Revenue or any othe due and requested payment.	ax, penalty, or interest liability versity and authority and authority	vithin 30 days o y gave notice of	of the date on fithe amount
Whether the Applicant/Licensee has entered into a paymen state or local taxing authority and whether Applicant/Licens	nt plan with the Colorado Departi ee is current on any payments re	ment of Revenue equired by said p	e or any other payment plan.
Applicant/Licensee authorizes the Colorado Department of Re any additional information or documentation necessary to an Colorado Marijuana Enforcement Division and its legal represer the Colorado Department of Revenue and any other state or lapplication or license. To assist the Colorado Department of Revectors, Applicant/Licensee is voluntarily providing the following	iswer the questions above. Ap ntatives to use the information ar local taxing authority in any adnivenue and any other state or loc information (please type or print	plicant/Licensee nd documentation ninistrative action al taxing authorit).	authorizes the n obtained from n regarding the
Applicant's Name (Individual/Business) Verts Grand Lake LLC	Social Security Number/Tax Identifica	tion Number	
Street Address	City	State	Zip Code
	I	U.	
lome Telephone Number	Business/Work Telephone Number		

Legal First Name

Daniel

Daniel W. Rowland

Legal Last Name (Please Print)

Rowland

Applicant's Signature

Full Middle Name

3-11-2024

Wood

Date

Investigation Authorization/Authorization to Release Information

, Daniel Rowland	, hereby authorize the Colorado Marijuana
Licensing Authority, the Marijuana Enforcement Division investigation into my personal background, using whater person or entity contacted by the Investigatory Agencies by the Investigatory Agencies. I hereby waive any rights this authorization, a financial record check may be performed in the Investigatory Agencies a complete and accurate reconstitution, including, but not limited to, internal banking a statements and any other documents relating to my person wherever located. I authorize the release of this type of as "confidential" or "nonpublic" under the provisions of su authorization, a criminal history check will be performed any source, any information concerning me contained in I understand that the criminal history record files contain other than a finding of guilt (i.e., dismissed charges, or contain the information may contain listings of charges that resuccessfully completed the conditions of said sentence and the conditions of said senten	, (hereafter, the Investigatory Agencies) to conduct a complete ver legal means they deem appropriate. I hereby authorize any is to provide any and all such information deemed necessary of confidentiality in this regard. I understand that by signing remed. I authorize any financial institution to surrender to ord of such transactions that may have occurred with that memoranda, past and present loan applications, financial sonal or business financial records in whatever form and information, even though such information may be designated tate or federal laws. I understand that by signing this I authorize the Investigatory Agencies to obtain and use from any type of criminal history record files, wherever located. records of arrests which may have resulted in a disposition
The Investigatory Agencies reserve the right to investigate	ate all relevant information and facts to their satisfaction. I

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 of Owner	clearly below:			
Applicant's Legal Business Name		Trade Name (DBA)		
Verts Grand Lake LLC		Verts Neighborhood	Dispensary	
Last Name of Owner (Please Print)	First Name of Owner			
Rowland	Daniel	W	/ood	
Signature Danisl W. Rou	land			Date 3-11-2024

Applicant's Request to Release Information

TO: (Leave this Blank)	FROM: (Applicant's Printed Name)
	Verts Grand Lake LLC

- I/We hereby authorize and request all persons to whom this request is presented having information relating to
 or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana
 Enforcement Division whether or not such information would otherwise be protected from the disclosure by any
 constitutional, statutory or common law privilege.
- 2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
- 3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
- 4. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
 - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
 - (c) To place the name of the agent presenting this request in the appropriate location on this request.
- 5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
- 6. This power of attorney ends twenty-four (24) months from the date of execution.
- 7. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant.
- 8. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
- A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Applicant's Last Name (Please Print)	First Name	Full Middle Name
Rowland	Daniel	Wood
Signature Daniel W. Rowland		Date 3-11-2024

DR 8520 Page 10 of 13