

RMB Application Instructions

At this time, Social Equity Fees cannot be paid when utilizing online application submission. Please use the hard copy applications, which can be dropped off or mailed to the MED Lakewood office, or an appointment can be made to submit the application in person at the MED Lakewood office.

PLEASE READ PRIOR TO APPLYING FOR A NEW BUSINESS LICENSE

If not currently licensed as an owner, you will need to be found suitable prior to submitting a new RMB (Regulated Marijuana Business) application.

Please make sure you know who your local authority is and if they allow the type of license you wish to apply for.

A separate application is required for **EACH** license type.

For **RETAIL** licenses, you will need to provide a separate copy of this application and a check or money order made out to the local authority for the correct amount. (**Must** be sent to the Lakewood Office).

Please go [here](#) for the affidavits and release packet each owner will need to fill out and sign (right click to open in new tab).

1. Application Fully Completed

Answer each question. If a question does not apply, type NA in the box.

2. Application Contents

- Main Application
- Disclosure Requirements
- Affirmations and Disclosures
- Publicly Traded Company (PTC) Addendum A
- Qualified Private Fund (QPF) Addendum B
- Qualified Institutional Investor (QII) Addendum C
- Research & Development (Medical only) Addendum D

The disclosure requirements and the main application must be completed in full by all applicants. If this is for a PTC, QPF or QII, the appropriate addendum must also be completed.

3. All Forms Signed and Attached

The following accompanying forms must be completed, signed and returned with the application.

- Affirmation & Consent
- Tax Check Authorization
- Investigation Authorization/Authorization to Release Information
- Applicant's Request to Release Information
- Affirmation of Reasonable Care

4. Required Disclosures

- See Application Disclosures
- Upon request by the Division, an Applicant must provide additional information or documents required to process and investigate the application, within seven (7) days of the request. Please note: This deadline may be extended for a period of time commensurate with the scope of the request.

5. Application and License Fees

See fee schedule on website: www.colorado.gov/revenue/med Application fees remitted to the State Licensing Authority and/or the Department of Revenue, are non-refundable.

- Additional fees may be required by the local jurisdiction. You are responsible for identifying your Local Licensing Authority.

Business Information

Is this application for a New Retail or Medical License?

Retail/Medical : Retail



REMINDER!

Please remember you will need to submit the following to the MED:

1. A full and complete physical copy of your application, along with required supporting documents.
2. A separate check or money order, containing the appropriate fee amount, made out to the Local Authority.

Retail License Type : Retail Marijuana Store

Applicant's Legal Business Name : Verts Grand Lake LLC

List registered trade name(s).

Trade Name (DBA) : Verts Neighborhood Dispensary

Upload Sec. of State Trade Name Registration(s)

SecOfStateTradeNameRegistrations:

Statement of Trade Name of a Reporting Entity.pdf

Federal Taxpayer ID (FEIN) :

Colorado Sales Tax License # :

Ownership Type : LLC

Jurisdiction of Incorporation or Creation of Business Entity : Colorado

Name of Registered Agent : Cordillera Advisory Management, Inc.

Business Incorporation or Creation Date : 09/28/2023

If a Corporation, List all Jurisdictions Where the Corporation is Authorized to Conduct Business :

Are you a Publicly Traded Company?

Yes/No : No

Are you supported by a Qualified Private Fund?

Yes/No : No

Are you supported by a Qualified Institutional Investor (QII)?

Yes/No : No

Physical Address

Street Address of Marijuana Business (include suite #) : 525 Grand Ave.

City : Grand Lake

County : Grand

State : Colorado - CO

ZIP : 80447

Country : United States

Phone Number :

Business Email :

Mailing Address

Mailing Address (include suite or apt. #) :

City :

County : CO

State : Colorado -

Zip :

Country : United States

Contact Person

Primary Contact Person for Business : Daniel Rowland

Phone Number :

Email :

Questions

Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) under the age of twenty-one years?

Yes/No : No

Do you have or will you have possession of a licensed premises?

Yes/No : Yes

Please choose type

Deed, lease, etc. : Lease

Please attach copy of Deed, Lease, Sublease (include master lease), Rental Agreement or Contract.

Rental Agreements:

Lease - Verts Grand Lake LLC.pdf

AGREEMENT TO AMEND-EXTEND CONTRACT.pdf

525 Grand Avenue Grand Lake CONTRACT TO BUY AND SELL REAL ESTATE - Commercial.pdf

Are you a Person or Entity applying for a license at a location that is currently licensed as a retail food establishment?

Yes/No : No

Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business?

Yes/No : No

Has a judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign or security law or regulation, ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity?

Yes/No : No

In the past year, has the applicant (including any parent companies), been indicted, served with a criminal summons, charged with or convicted of ANY crime or offense in any manner? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty.

Yes/No : No

Has the applicant filed (and been found suitable), all Finding of Suitability applications required by the Division?

Yes/No : Yes

Ownership Structure

List Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, managers and any other individual that Controls the RMB.

Corporate Owners:

Is the Owner a Natural Person? : Yes

If the owner is a Person, enter the name, date of birth, and SSN below.

First Name : Ashley

Middle Name : Louise

Last Name : Close

SSN :

Date of Birth

List the M or OE number

Marijuana Owner License Number : M144191

Street Address :

Apt./Suite No. :

City : Denver

State or Province : Colorado - CO

Zip :

Phone :

Business Associated With : Verts Grand Lake LLC

Ownership Percentage in Controlling Entity/Parent Company :

Ownership Percentage in Applicant : 45

Is the Owner a Natural Person? : Yes

If the owner is a Person, enter the name, date of birth, and SSN below.

First Name : Alexander

Middle Name : Michael

Last Name : Close

SSN :

Date of Birth

List the M or OE number

Marijuana Owner License Number : M157720

Street Address :

Apt./Suite No. :

City : Columbus

State or Province

Zip :

Phone :

Business Associated With : Verts Grand Lake LLC

Ownership Percentage in Controlling Entity/Parent Company :

Ownership Percentage in Applicant : 45

Is the Owner a Natural Person? : No

If the owner is an Entity, enter the Legal Name and FEIN below.

Legal Name of Owner Entity : Cordillera Advisory Management, Inc.

FEIN :

List the M or OE number

Marijuana Owner License Number : OE000445

Street Address :

Apt./Suite No. :

City : Lakewood

State or Province : Colorado - CO

Zip :

Phone .

Business Associated With : Verts Grand Lake LLC

Ownership Percentage in Controlling Entity/Parent Company :

Ownership Percentage in Applicant : 5

Is the Owner a Natural Person? : Yes

If the owner is a Person, enter the name, date of birth, and SSN below.

First Name : Daniel

Middle Name : Wood

Last Name : Rowland

SSN :

Date of Birth :

List the M or OE number

Marijuana Owner License Number : M144029

Street Address :

Apt./Suite No. :

City :

State or Province : Colorado -

Zip :

Phone :

Business Associated With : Cordillera Advisory Management, Inc.

Ownership Percentage in Controlling Entity/Parent Company : 100

Ownership Percentage in Applicant :

Upload owner(s) affirmation/release packet(s), suitability approval letter(s)(if applicable) and a government issued photo id.

Affirmationreleasepacket:

Finding of Suitability - Alexander Close - Approval letter 11.8.2023.pdf

Finding of Suitability - Ashley Close - Approval Letter 7.15.2022.pdf

Finding of Suitability - Cordillera Advisory Management - Approval Letter 7.20.2022.pdf

Finding of Suitability - Daniel Rowland - Approval Letter 7.20.2022.pdf

Affirmation and release packet_Alex.pdf

Affirmation and release packet_Ashley.pdf

Affirmation and release packet_Dan.pdf

Are there any outstanding options, warrants or contracts, that may be exercised into an Owner's Interest in the RMB within the next 60 days that would constitute a CBO?

Yes/No : No

Are there any other Persons, other than those listed in the Ownership Structure, that can control the RMB?

Yes/No : No

List all Indirect Financial Interest Holders (if applicable).

Interest Holder:

Local Licensing Authority

REMINDER!

You are responsible for identifying your Local Licensing Authority AND knowing if they allow the license type for which you are applying. Application fees are non-refundable. If you submit an application and the type is NOT allowed under a Local Authority's jurisdiction, you could be referred for denial.

Local Licensing Authority : Town of Grand Lake

Local Licensing Authority Contact Name (if known) : Alayna Carrell

Contact Phone Number (if known) : (970) 909-4574

Contact Email (if known) : acarrell@toglco.com

Does the local licensing authority permit this type of business in their jurisdiction?

Yes/No : Yes

Required Disclosures

Consolidated Financial Statements- (Must provide Balance Sheet, Income Statement & Cash Flow Statement for the previous calendar year), including auditors reports and footnotes, if applicable. (See separate PTC requirements on PTC Addendum.

Consolidated Financial Statements

FinancialStatements:

Verts Grand Lake LLC no business activity.pdf

Have your financial statements been audited?

Yes/No : No

Copy of the Local license application, if required for a RMB.

Copy of Local license application:

Organizational Chart, including the identity and ownership percentage of all CBO's

Organizational Chart:

I. Organizational chart.pdf

Certificate of Good Standing from jurisdiction where Entity was formed

Certificate of Good Standing:

H. Certificate of good standing.pdf

Organizational Documents including identity and physical address of the registered agent in Colorado. Please be sure to include documents reflecting the ownership structure.

Choose Type of Organizational document you are providing

Type : Operating Agreement for LLC

Operating Agreement

Operating Agreement for LLC:

K. Operating Agreement - Verts Grand Lake LLC_10-31-2023.docx

Corporate Governance Documents (not required for Privately held companies)

Corporate Governance documents:

Provide a Legible and Accurate diagram for the facility. The diagram must include a plan for the Licensed Premises and a separate plan for the Security/Surveillance, including camera location, number and direction of coverage.

Facility Diagrams:

Diagram - Main Floor and Loft.pdf

Provide a copy of any contracts, agreements, royalty agreements, equipment leases, financing agreement, security contract or any other IFIH required to be disclosed by Rule 2-230(A)(3).

Contracts:

Provide a copy of any management agreement(s).

Management Agreement:

Provide a list of any sanctions, penalties, assessments or cease and desist orders.

List here : None.

Upload any documentation here.

documentation:

Reasonable Care (Choose one)

AFFIRMATION OF REASONABLE CARE – PRIVATE COMPANY

Pursuant to section 44-10-309(4) C.R.S., and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Passive Beneficial Owners, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I,

Field 11-2 : Daniel Rowland

, as Controlling Beneficial Owner or Manager for

Field 11-5 : Verts Grand Lake LLC

, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature of Authorized Representative : Daniel Rowland

Date : 03/11/2024

AFFIRMATION OF REASONABLE CARE – PUBLICLY TRADED CORPORATION

Pursuant to section 44-10-309(5) C.R.S., and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Non-objecting Passive Beneficial Owner, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I,

Field 11-13 :

, as Controlling Beneficial Owner or Manager for

Field 11-15 :

, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature of Authorized Representative :

Date :

Affirmation of Complete Application

I affirm that I have submitted a complete application and by selecting the "I Affirm and Accept" button, I acknowledge that I am signing this document electronically. I understand that my electronic signature has the same legal effect and enforceability as a written signature pursuant to Articles 71 and 71.3 of Title 24, C.R.S. I declare under penalty of perjury in the second degree that the statements made on this document are true and complete to the best of my knowledge.

I Affirm and Accept : ☒

Signature : Daniel Rowland

Date : 03/18/2024

Customer Survey

The **PAYMENT SCREEN** will come up **after** this survey. You can scroll to the bottom and click "Finish" to move directly to the **PAYMENT SCREEN**. **Your application is not completed until you have paid and reached the confirmation screen.**

We would like to know your experience with this online application process and if you have suggestions on how we can improve it. Please take a few minutes to complete this **voluntary** questionnaire to help us serve you better. (You may skip this survey and submit your application by clicking the finish button.) Thank you.

Please review the options below and tell us why you chose to apply online (please select all that apply):

Convenience : ☒

Faster Service : ☒

Time Savings : ☒

I thought it was the only option : ☐

Other : ☐

Please tell us where you learned about the online application process.

Please tell us where you learned about the online application process. : Other

Only show when other selected

Other : Website

On a scale of 1-5, with 1 being not convenient and 5 being very convenient, how convenient was the online application for you to complete?

How convenient was the online application for you to complete? : 3- Neutral

On a scale of 1-5, with 1 being hard and 5 being very easy, did you find the online application process easy to understand?

Did you find the online application process easy to understand? : 4- Somewhat easy to understand

On a scale of 1-5, with 1 being unsatisfied and 5 being very satisfied, rate your overall online application experience.

Please rate your overall online application experience. : 3- Neutral

Do you have any comments to help us improve the online application process?

Comments : This would be great if we weren't still required to print off a hard copy and send it into the Department. That's duplicative.

Would you like a team member to contact you about your comments?

Want to be contacted : No



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.coloradosos.gov.

Colorado Secretary of State

Date and Time: 02/08/2024 12:13 PM

ID Number: 66679

Document number:

Amount Paid: \$20.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Trade Name of a Reporting Entity

filed pursuant to §7-71-103 and §7-71-107 of the Colorado Revised Statutes (C.R.S.)

1. For the reporting entity delivering this statement, its ID number, true name, form of entity and the jurisdiction under the law of which it is formed are

ID Number

(Colorado Secretary of State ID number)

True name

Verts Grand Lake LLC

Form of entity

Limited Liability Company

Jurisdiction

Colorado

2. The trade name under which such entity transacts business or conducts activities or contemplates transacting business or conducting activities in this state is _____

Verts Neighborhood Dispensary

3. A brief description of the kind of business transacted or activities conducted or contemplated to be transacted or conducted in this state under such trade name is

Retail

4. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

5. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are

(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

Rowland	Daniel		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<hr/>			
<small>(Street number and name or Post Office Box information)</small>			
<hr/>			
<hr/>		<hr/>	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
<hr/>		<hr/>	
<small>(Province – if applicable)</small>	United States		
	<small>(Country – if not US)</small>		

- (If the following statement applies, adopt the statement by marking the box and include an attachment.)*
- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).