

3. Modification of Premises - Local Licensing conditional approval must be provided prior to MED approval. Per Rule 2-260

(Note: Licensees may not modify their licensed premises until approved by state and local authorities.)

A. Describe change proposal in detail. NOTE: "Complete remodel" or "See floor plans" will not be accepted.

A
B
C
D
E

We are requesting to change the use of the following rooms:
 --"Dispensary" will be changed to "Fulfillment & Storage" (for current Medical & future Recreational Retail)
 --"Check in / Reception / Waiting Area / Office" will be changed to "Sales Floor-A" with 4 POS for Recreational, a Medical area (21 and over) with a POS, and 3 ATMs in the hallway
 -- Entry area will be "Check-in"
 --"Flower 5" will be changed to "Sales Floor-B"
 --In the "Storage / Dirt / Prep" build an enclosed area appx 8 x 8 with 9' ceiling (essentially a box) so we can have an additional "Storage / Safe". This structure will not be permanent and can be removed. Change the name of the area to "Storage/Prep/Trim/Transfers"
 --Add cameras: in Sales Floor-B, 2 in hallway by sales floor & ATM, and 2 cameras in the new Storage & Safe area

All cameras will remain in compliance with Colorado requirements.

B. Will the proposed change result in the licensed premises now being located within 1000 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?

Yes No

(If yes, explain in detail, describe any exemptions that apply and provide a copy of the exemption or local ordinance)

C. Attach a diagram of the current licensed premises and a separate diagram of the proposed changes for the licensed premises including security equipment locations.

D. Attach REVISED lease, only if it was revised due to the modification. *N/A*

E. Attach proof of Landlord consent for modification (This may be the revised lease).

MOP - Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

| | | |
|--|----------------------|-------------------------|
| Printed Last Name of Owner/Principal Woodward | First Name Brenda | Full Middle Name Lee |
| Title Sec-Tres | | Date 11-8-2022 |
| Signature of Owner/Principal <i>Brenda Woodward</i> | | |

Report and Approval of Local Licensing Authority (City / County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Article 10, C.R.S. , as amended. Therefore, this application is approved. (Provide local stamp/seal on this page for proof of approval with signature).

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|---|---------------------------------|
| Printed Name of Local Licensing Rep | |
| Local Licensing Authority (City or County) | Date Filed With Local Authority |
| Title | Date |
| Signature of Local Licensing Representative | |