



Town of Mead

441 Third Street
P.O. Box 626
Mead, CO 80542

970-535-4477
www.townofmead.org

SUPPLEMENTAL REQUEST FORM

Project Name _____

Project Address and Legal Description _____

Other Land Use Application _____

Please provide the following to the Town Clerk with this checklist form. For additional information, refer to 16-3-10 of the Mead Town Code.

Supplemental Location Information

The proposed medical marijuana dispensary and grow facility in relation to the following:

Distance to the nearest school, library, child care center or public or private park _____.

Distance to another medical marijuana dispensary and grow facility _____.

Distance to any halfway house or correctional facility _____.

Distance to any group home facility _____.

Distance to any residentially zoned property _____.

Ownership Information

The application shall list the legal form of the applicant, e.g., individual, partnership, corporation, and applicant shall submit the following:

INDIVIDUAL *

Name _____ DOB _____

Aliases _____

PARTNERSHIP **

Partnership Name _____

Type of Partnership _____

Partner Name _____ DOB _____

Aliases _____

Street Address _____ City _____, State _____ Zip _____

Partner Name _____ DOB _____

Aliases _____

Street Address _____ City _____, State _____ Zip _____

Partner Name _____ DOB _____

Aliases _____

Street Address _____ City _____, State _____ Zip _____

Partner Name _____ DOB _____

Aliases _____

Street Address _____ City _____, State _____ Zip _____

Please attach the original registry identification cards of all partners. (Originals will be copied and returned.)

CORPORATION ***

Corporation Name _____

General Partner Name _____ DOB _____

Aliases _____

Street Address _____ City _____, State _____ Zip _____

General Partner Name _____ DOB _____

Aliases _____

Street Address _____ City _____, State _____ Zip _____

General Partner Name _____ DOB _____

Aliases _____

Street Address _____ City _____, State _____ Zip _____

General Partner Name _____ DOB _____

Aliases _____

Street Address _____ City _____, State _____ Zip _____

Officer Name _____ Office Held _____

DOB _____ Aliases _____

Street Address _____ City _____, State _____ Zip _____

Officer Name _____ Office Held _____

DOB _____ Aliases _____

Street Address _____ City _____, State _____ Zip _____

Officer Name _____ Office Held _____

DOB _____ Aliases _____

Street Address _____ City _____, State _____ Zip _____

Officer Name _____ Office Held _____

DOB _____ Aliases _____

Street Address _____ City _____, State _____ Zip _____

Please attach the original registry identification cards of all principal stockholders. (Originals will be copied and returned.)

- * If the applicant is an individual, the application shall list his or her legal name, any aliases, date of birth, and his original registry identification card (to be photocopied and retained by the Town Clerk).
- ** If the applicant is a partnership, the application shall list the full and complete name of the partnership, the legal names and addresses of all partners, dates of birth, and all aliases used by all of the general partners, whether the partnership is general or limited, and the original registry identification cards of all partners (to be photocopied and retained by the Town Clerk).
- *** If the applicant is a corporation, the applicant shall list the full and complete corporate name, the date and status of the incorporation, evidence that the corporation is in good standing, the legal names and dates of birth, and all aliases used, and the capacity of all officers, directors and principal stockholders (i.e., all stockholders with ten percent interest or more of all outstanding shares), the name and addresses of the registered officer for service of process, and original registry identification cards of all principal stockholders (to be photocopied and retained by the Town Clerk).

Manager Designation

Name _____ DOB _____

Aliases _____

General Information

Has any applicant or designated manager had other licenses and/or permits issued to and/or revoked in the three years prior to the year of the permit application by type, current status, and issuing agency for each license/permit? Yes _____ No _____

Has any applicant or designated manager been a partner in a partnership or an officer, director or principal stockholder of a corporation which has had any other licenses and/or permits issued to and/or revoked in the three years prior to the year of the permit application by type, current status, and issuing agency?
 Yes _____ No _____

Has any applicant or designated manager been found guilty of or pleaded *nolo contendere* within the past four years to misdemeanor or a felony classified by the state as a drug or drug-related offense?
 Yes _____ No _____

Please provide the following:

- _____ Floor Plan
- _____ Marijuana Storage Plan
- _____ Proof of Alarm System
- _____ Odor Control Plan
- _____ Interior Lighting Plan

- _____ Exterior Lighting Plan
- _____ Signage Plan
- _____ Refuse Plan
- _____ Parking Plan
- _____ Business License Application (will be issued subject to approval of application for conditional use).
- _____ State Sales Tax License (attach copy)

Applicant Certification

Sign in blue ink. Attach additional pages with certification language and signatures if more than two applicants.

I (We) certify this application and all submittals hereto are complete and accurate.

Applicant(s) Date

Applicant(s) Date

If applicant is lessee of the designated property, the property owner shall acknowledge by signature below, how or her consent to the application.

Property Owner(s) Date

Staff Use Only

Upon acceptance of this application by the Town as a complete application, a copy of this form, with anticipated hearing dates, shall be provided to the applicant by the Town. Anticipated hearing dates may not be actual hearing dates depending upon referral comments received by the Town.

Application Accepted Date _____ By _____

Fees Accepted Date _____ Amount _____ By _____

Application Determined Complete Date _____ By _____

Open Space Committee Meeting Date _____ Recreation Committee Meeting Date _____

Planning Commission Public Hearing Date _____

Board of Trustees Public Hearing Date _____

_____ The condition(s) of any waiver authorized shall be included in an ordinance of the Board of Trustees with the justifications set forth.

_____ The ordinance shall be recorded with the Weld County Clerk and Recorder.