MARIJUANA BUSINESS LICENSE
AFFIRMATION AND CONSENT

Date:
Business Name:
Registered Trade Name:
Applicant Name (please print)
Title (owner, manager, director, etc.)

I,_____, as the applicant or as an authorized agent for the applicant, declare, under penalty of perjury, that the entire application packet, including the state application on which the city will rely foregoing pages, including all statements made and attachments (if any), are true, correct, and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I understand that any error or omission may constitute grounds for the denial of a license, or if later discovered, the revocation of any license issued.

I consent to any background investigation necessary to determine my present and continuing suitability pursuant to state and City of Rifle rules or regulations, and that this consent continues as long as I hold a marijuana business license. I understand that all information obtained by an investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining the applicants suitability for licensing by the City Rifle. I further authorize the City of Rifle and its employees to discuss, in a public forum, any and all information derived from said investigation. I understand that all information or records submitted to or obtained by the City in connection with this application may be made available for public inspection under the Colorado Open Records Act except for such commercial, financial, medical or other information as may, by law, be kept confidential and withheld from inspection.

I affirm that the marijuana business is not located within 1,000 feet of any educational institution or school, either public or private; excluding institutions of post-secondary education; any state-licensed child care facility; any alcohol or drug rehabilitation facility; any group home, halfway house, or correctional facility; any city-owned park or recreation center.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

_____ _____ _____

Applicant Signature Title Date

STATE OF_____)
COUNTY OF_____)

Subscribed and sworn to before me this_____day of_____, 20_____.

_____ My Commission Expires: _____

Notary Public Signature

This City of Rifle Affirmation and consent must be submitted in lieu of:
pages 5-10 on DR 8530 – Medical Marijuana Business License Application
pages 5-13 on DR 8548 –Retaill Marijuana Business License Application