



**Archuleta County**  
 398 Lewis Street  
 P.O. Box 1507  
 Pagosa Springs, CO 81147  
 (970) 264-8401  
 Fax (970) 264-8306

**Individual History Record  
 Archuleta County, Colorado**

**CONFIDENTIAL INFORMATION  
 NOT FOR PUBLIC INFORMATION**

To be completed by each individual applicant, all partners of a partnership; all officers and directors of a corporation, and stockholders of a corporation; all limited liability company managing members, and officers or other limited liability company members and all managers and employees of a Marijuana Business Facility

***NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed. EVERY answer you give will be checked for its truthfulness. A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.***

1. Name of Business

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2. Your Full Name (last, first, middle)

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3. List any other names you have used

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4. Mailing address (if different from residence)

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Home Telephone

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Business License Number

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FEIN Number

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State Sales Tax Number

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List All Other Marijuana Licenses issued to Applicant  
 (Attach separate sheet if necessary)

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Location

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Identify Marijuana Optional Premise License, license number, and issuer of said application.

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5. List all residence addresses below. Include current and previous addresses for the past *five* years.

STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current			
_____	_____	_____	_____
Previous			
_____	_____	_____	_____
_____	_____	_____	_____

6. List all current and former employers or businesses engaged in within the last *five* years (Attach separate sheet if necessary)

NAME OF EMPLOYER	ADDRESS (STREET, NUMBER, CITY, STATE, ZIP)	POSITION HELD	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. List the name(s) of relatives working in or holding a financial interest in the Colorado Marijuana Industry.

NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. *Have you ever* applied for, been denied, held, or had an interest in a State of Colorado Marijuana License, or loaned money, furniture or fixtures, equipment or inventory, to any Marijuana licensee? If yes, answer in detail.  
\_\_\_\_ YES \_\_\_\_ NO

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\_\_\_\_\_

\_\_\_\_\_

9. *Have you ever* received a violation notice suspension or revocation, for a law violation, or *have you* applied for or been denied a Marijuana License anywhere in the U.S.? If yes, explain in detail. \_\_\_\_ YES \_\_\_\_ NO

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\_\_\_\_\_

\_\_\_\_\_

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Include arrests for DUI and DWAI. If yes, explain in detail. \_\_\_\_ YES \_\_\_\_ NO

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\_\_\_\_\_

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? If yes, explain in detail. \_\_\_\_ YES \_\_\_\_ NO

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12. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license? If yes, explain in detail. \_\_\_\_\_YES \_\_\_\_\_NO

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\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been denied an application for a liquor license pursuant to Title 12, Article 46 or 47, C.R.S., or had any such license suspended or revoked? \_\_\_\_\_YES \_\_\_\_\_NO

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\_\_\_\_\_

14. Within the previous ten (10) years, have you been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgment pertaining to any charge related to either 1) possession, use, or possession with intent to distribute narcotics, drugs or controlled substances or 2) driving or operating a motor vehicle while under the influence of or while impaired by alcohol or controlled substances? \_\_\_\_\_YES \_\_\_\_\_NO

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\_\_\_\_\_

**PERSONAL AND FINANCIAL INFORMATION**

a. Date of Birth \_\_\_\_\_ b. Social Security Number SSN \_\_\_\_\_ c. Place of Birth \_\_\_\_\_ d. U.S. Citizen? \_\_\_\_\_YES \_\_\_\_\_NO

e. If Naturalized, State where \_\_\_\_\_ f. When \_\_\_\_\_ g. Name of District Court \_\_\_\_\_

h. Naturalization Certificate Number \_\_\_\_\_ i. Date of Certification \_\_\_\_\_ j. If an Alien, Give Alien's Registration Card Number \_\_\_\_\_

k. Permanent Residence Card Number \_\_\_\_\_

l. Height \_\_\_\_\_ m. Weight \_\_\_\_\_ n. Hair Color \_\_\_\_\_ o. Eye Color \_\_\_\_\_ p. Sex \_\_\_\_\_ q. Race \_\_\_\_\_

r. Do you have a current Driver's License? \_\_\_\_\_YES \_\_\_\_\_NO If so, give number and State \_\_\_\_\_

**FINANCIAL INFORMATION**

***This section is to be completed by each individual applicant, all general partners of a partnership, and limited partners owning 10% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 10% (or more) of the stock of such corporation; all limited liability company MANAGING members, and officers or other limited liability company members with a 10% (or more) ownership interest in such company***

a. Total purchase price \$ \_\_\_\_\_ (if buying an existing business) or investment being made by the applying entity, corporation, partnership, limited liability company, other \$ \_\_\_\_\_

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid \$ \_\_\_\_\_

c. Provide details of Investment. You must account for the sources of ALL cash (how acquired). Attach a separate sheet if needed.

Type: Cash, Services or Equipment	Source: Name of Bank; Account Type and Number	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Loan Information (attach copies of all notes or loans)

Name of Lender and Account Number	Address	Term	Security	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon.

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I further agree to release and hold harmless any person releasing such information to the Archuleta County Sheriff's Office from any and all liability or claims that I may have against that person arising out of the release of such information.

I further agree to release and hold harmless Archuleta County, its elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Archuleta County Sheriff's Office for use by the Archuleta County Sheriff's Office in the consideration of my application for a Marijuana License, the disclosure or release of any information or documents by the Archuleta County Sheriff's Office or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

This Affidavit is made for purposes of inducing the Local Licensing Authority of Archuleta County, Colorado, to approve the aforementioned Marijuana business license application. This Affidavit is made with the knowledge and consent by me; and if this Affidavit for any reason proves to be false, the Archuleta County Marijuana Authority may revoke the license previously issued to me in reliance upon this Affidavit and said revocation may be accomplished without the necessity of any hearing.

\_\_\_\_\_  
Signature of Applicant

State of Colorado                    )  
  )  
County of \_\_\_\_\_            )            ss

The foregoing Affidavit was subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_

Witness my hand and official seal.

My commission expires\_\_\_\_\_.

\_\_\_\_\_  
Notary Public