

received
6-10-19

Grow - County



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

APPLICATION FOR MARIJUANA BUSINESS

- NEW LICENSE
- MODIFICATION

LICENSE RENEWAL

A SEPARATE LICENSE APPLICATION IS REQUIRED FOR EACH LICENSE TYPE

<input type="checkbox"/> Medical Center License	<input checked="" type="checkbox"/> Retail Center License
<input type="checkbox"/> Medical Center and Cultivation License	<input checked="" type="checkbox"/> Retail Optional Premises Cultivation License
<input type="checkbox"/> Medical Marijuana-Infused Product Manufacturer	<input type="checkbox"/> Retail Store and Cultivation License
	<input type="checkbox"/> Retail Marijuana-Infused Product Manufacturer

Applicant is applying as:

Documents to be submitted by type of entity:

Corporation*	<input type="checkbox"/> Certificate of Incorporation
Partnership*	<input type="checkbox"/> Partnership agreement <input type="checkbox"/> Husband and Wife Partnership (no written agreement)
Limited Liability Company*	<input type="checkbox"/> Articles of Organization <input checked="" type="checkbox"/> Operating Agreement
Sole Proprietorship**	
Other:	Attach copy of agreements creating association or relationship between the parties.

*Certificate of Good Standing or Statement of Trade Named filed with the Colorado Secretary of State

**Sole Proprietorship (Individual) requires Verification of Lawful Presence per State Law (Signed Affidavit and Photo ID)

BUSINESS INFORMATION

Applicant's Legal Business Name/Trade Name (DBA) Delany & Associates, LLC Good Cart & Meds		12 Digit Parcel ID Number	Zone District
Street Address of Business 600 Claman Blvd #56,718		Business Phone Number (970) 731-3202	
Mailing Address PO Box 1144	City Pagosa Springs	State CO	Zip 81447

PRIMARY CONTACT PERSON

Primary Contact Person for Business B. J. Delany	Primary Contact Phone Number (970) 731-3202	Primary Contact Cell Number [REDACTED]	
Primary Contact Email Address bdelany@centurytel.net			
Primary Contact Address [REDACTED]	City PS	State CO	Zip 81447

STATE MARIJUANA LICENSE NUMBERS

Medical Marijuana Center Number: _____

Retail Marijuana Center Number: 402R-00247

Medical Optional Premises Cultivation Number: _____

Retail Optional Premises Cultivation Number: 403R-00328

Medical Infused Products Number: _____

Retail Infused Products Number: _____

Does the Applicant, as listed on Page 1 of this application, have legal possession of the premises for at least 1 year from the date that this license will be issued by virtue of ownership, lease or other arrangement?		Yes	No
		4	
<input type="checkbox"/> Own	<input checked="" type="checkbox"/> Lease	<input type="checkbox"/> Other	
If leased, list the name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease			
Landlord	Tenant	Expires	
CIP	Delany & Associates	8-31-20	
Does the Applicant propose to have food for retail sale at this location?		Yes	No
		4	
If yes, describe the items:			
Pre-Packaged Cookies & Candies			

For the Retail Marijuana Optional Premises Cultivation facilities, do you perform cold water extractions?	Yes	No
		4
For the Retail Marijuana Infused Product Manufacturer facilities, what type(s) of extraction do you perform?		
<input type="checkbox"/> Butane	<input type="checkbox"/> Propane	<input type="checkbox"/> Carbon Dioxide
<input type="checkbox"/> Ethanol	<input type="checkbox"/> None	
<input type="checkbox"/> Isopropanol	<input type="checkbox"/> Acetone	<input type="checkbox"/> Heptane
<input type="checkbox"/> Other: _____		

CHANGE TRADE NAME OR CORPORATE NAME/STRUCTURE

<input type="checkbox"/> Change of Trade Name / DBA only (attach the following supporting documents) <ol style="list-style-type: none"> Statement of Trade Name filed with the Secretary of State. 	
<input type="checkbox"/> Corporate Name/Structure Change (attach the following supporting documents) <ol style="list-style-type: none"> Certificate of Amendment filed with the Secretary of State, or Statement of Change filed with the Secretary of State, Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement, <u>and</u> Operating Agreement. 	
Old Trade Name	New Trade Name

MODIFICATION OF PREMISES

Note: Licensees may not modify or add to their licensed premises until approved by State and Local Authority

Describe change proposed:		
Is the proposed change in compliance with local building codes and zoning regulations?	Yes	No
<p>Attach the following supporting documents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A floor plan of the current licensed premises, drawn to scale on 8-1/2 x 14" or 11x17" paper, showing the layout of the dispensary and the principal uses of the floor area including a depiction of where any services other than the dispensing of marijuana are proposed to occur on the licensed premises. The plan must also indicate separation of those areas open to non-patrons, and the location of the steel or solid wood door and any safes as well as any doors or windows. <input type="checkbox"/> Lease that is revised due to the modification. <input type="checkbox"/> Planning/Zone Confirmation Form <input type="checkbox"/> Building Code Confirmation Form <input type="checkbox"/> Fire Code Confirmation Form <input type="checkbox"/> San Juan Basin Health Department Approval 		

All Applicants for a Retail and/or Medical Marijuana Business Establishment in Archuleta County are responsible for understanding Archuleta County Ordinance Numbers 11-2013 and 13-2015, enabling the operation of certain operations pursuant to and consistent with Article XVII, Section 14 of the Colorado Constitution and all other applicable State laws.

I declare, under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

Applicant Signature 	Applicant Title owner	Date 6-11-19
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Received By Mhelminski	Title Paralegal/Exec Asst	Date 6-13-19
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RECEIVED

DR 8529 (12/26/18)
COLORADO DEPARTMENT OF REVENUE
Marijuana Enforcement Division
www.colorado.gov/revenue/med

JUN 24 2019

2019 JUN 24 PM 3:58

19-05271

M.E.D.

Colorado Marijuana Licensing Authority

Retail Marijuana Business License Renewal Application

License Types & Fees (See Application Checklist for details on license types and fees.)					
<input type="checkbox"/> Retail Marijuana Store	<input checked="" type="checkbox"/> Tier 1 (Up to 1800 plants) <input type="checkbox"/> Tier 2 (1801 to 3600 plants) <input type="checkbox"/> Tier 3 (3601 to 6000 plants) <input type="checkbox"/> Tier 4 (6001 to 10200 plants) <input type="checkbox"/> Tier 5 (10201 to 13800 plants) <input type="checkbox"/> Tier 5+ _____ plants in excess of 13801)	<input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Retail Marijuana Operator <input type="checkbox"/> Retail Marijuana Transporter <input type="checkbox"/> Off-Premises Storage (connected to License # _____)			
<input checked="" type="checkbox"/> Retail Marijuana Cultivation (Select Tier)					
<input type="checkbox"/> Retail Marijuana Test Facility					
Applicant's Legal Business Name (Please Print) Delany & Associates, LLC		Marijuana License Number 403R-00328			
Registered Trade Name (DBA) Good Earth Meds		Website Address www.goodearthmeds.com			
Federal Taxpayer ID 27-0843997	Colorado Sales Tax License # 01285435-0001	Entity ID Number shown on Secretary of State Registration 2091467660			
Physical Address					
Street Address of Marijuana Business 600 Cloman Blvd. #5,6,7,8					
City Pagosa Springs	County Archuleta	State CO	ZIP 81147		
Business Phone Number 970-731-3202	Email Address bdelany@centurytel.net				
Mailing Address (if different from Business Address)					
Address PO Box 1149					
City Pagosa Springs	County Archuleta	State CO	ZIP 81147		
Primary Contact Person for Business William (Bill) Delany	Title Owner	Primary Contact Phone Number 970-946-8281			
Primary Contact Address [REDACTED]		Primary Contact Email Address bdelany@centurytel.net			
1. Is the licensee (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 <input type="checkbox"/> <input checked="" type="checkbox"/>					
2. Has the licensee (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) ever (in Colorado or any other state): Yes No					
(a) been denied a privileged license (ie: Liquor, Gaming, Racing, Auto Industry and Marijuana)? <input type="checkbox"/> <input checked="" type="checkbox"/>					
(b) had a privileged license (ie: Liquor, Gaming, Racing, Auto Industry and Marijuana) suspended or revoked? <input type="checkbox"/> <input checked="" type="checkbox"/>					
(c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing, Auto Industry and Marijuana) license denied, suspended or revoked? <input type="checkbox"/> <input checked="" type="checkbox"/>					
If you answered yes to 2a, b or c, explain in detail on a separate sheet.					
3. Has the applicant or any business entity owned by the applicant ever owned a Marijuana license in this or any other jurisdiction, foreign or domestic, that was subject to any of the following actions since the last renewal: (1) denial; (2) surrender; (3) assurance of voluntary compliance; (4) order to show cause; (5) suspension; (6) fine; (7) revocation; (8) stipulation or settlement; (9) withdrawn (10) other penalties or sanctions. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>					
4. Does the applicant of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession; deed, title, sale or lease agreements, etc. Yes No <input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ <input checked="" type="checkbox"/> <input type="checkbox"/>					
(a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:					
Landlord (include sublease if applicable) CIP	Tenant Delany & Associates, LLC	Expires 08/31/20			

5. Within the last 12 months, has there been a change in ownership or ownership allocation, a transfer of stock, a change in the incorporation or in the corporate by-laws, or any other change affecting ownership or organizational structure of the licensee or its subsidiaries/affiliates? If yes, explain in detail on a separate sheet and attach copies of all available documentation concerning the changes. (i.e. New operating agreement) Yes No

6. In the past year, has the licensee (including all parent or subsidiary companies, if any) filed for bankruptcy, been sued, had a civil judgment rendered against it, had a tax lien filed against it, or become delinquent in the payment or filing of any taxes, interest, penalties or judgments owed to the State of Colorado. If Yes, explain in detail on a separate sheet and attach copies of all available documentation. Yes No

7. List the full name and ownership percentage of every individual or entity, including lending agencies, who have a right to share in the revenues of marijuana, whether as an owner, assignee, landlord, or otherwise, to whom any interest or share in the profits of marijuana has been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract of sale.

Name	Title	Own. % Business Associated with	Effective Own. % in Applicant
William John Delany	Owner		100%
N/A			
N/A			
N/A			
N/A			

8. Since the last renewal submission, have there been any new financing, promissory notes, or new lines of credit obtained or applied for? If YES, explain in detail on a separate sheet and attach all documentation. Yes No

9. Has any debt been retired or eliminated since the last renewal submission? If YES, explain in detail and attach all documentation. Yes No

10. Have there been any material changes in financial position since the last renewal submission? If YES, explain in detail and attach all documentation. Yes No

11. Within the past year, has the licensee entered into any material financial arrangements, notes, security agreements, consulting agreements, any written or oral agreements, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation? If YES, explain in detail and attach all documentation. Yes No

12. Within the past year, have there been any changes in ownership percentage of any owner or entity, including lending agencies, who have a right to share in the revenues of marijuana, whether as an owner, assignee, landlord, or otherwise to whom any interest or share in the profits of the marijuana has been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract of sale? If YES, explain in detail and attach all documentation. Yes No

13. In the past year, has the licensee (including all parent or subsidiary companies, if any) 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. If Yes, explain in detail on a separate sheet and attach it to your application. Provide official documentation from the court showing the final disposition for any felony charge or those related to a controlled substance. (Sealed or expunged non-convictions need not be disclosed). Yes No

14. Are any owners renewing their Associated Key Licenses with this application? If YES, then each must submit the Owner/Associated Key Renewal Application (DR 8516 - see website) Yes No

Local Licensing Authority (To be filled out by licensee) include copy of Local License or Approval

Local Licensing Authority Archuleta County BOCC		Address 98 Lewis Street, Pagosa Springs, Co, 81147	
Local Licensing Authority contact name Mary Helminski	Contact Phone 970-264-8300	Contact Email m.helminski@archuletacounty.org	
Current License Status With Local Authority Active	Date of Approval 08/18/18	Date of Expiration 08/18/19	

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

DELANY & ASSOCIATES, LLC

is a

Limited Liability Company

formed or registered on 09/01/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091467660 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/24/2019 that have been posted, and by documents delivered to this office electronically through 06/26/2019 @ 09:43:59 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/26/2019 @ 09:43:59 in accordance with applicable law. This certificate is assigned Confirmation Number 11652767 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

DR 0140 (02/16/11)
DEPARTMENT OF REVENUE
DENVER CO 80261-0013

STATE COUNTY COUNTY
COLORADO ARCHULETA ARCHULETA

Must collect
taxes for:
**SALES TAX
LICENSE**

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION	ISSUE DATE	LICENSE VALID TO
	county city industry type liability date	month day year	DECEMBER 31
01285435-0001	48-0206-007 L 090115	Nov 29 17	2019

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION
IN A CONSPICUOUS PLACE: 600 CLOMAN BLVD UNIT 1&2 PAGOSA SPRINGS CO 81147

**THIS LICENSE IS NOT
TRANSFERABLE**



DELANY & ASSOCIATES LLC
PO BOX 1149
PAGOSA SPRINGS CO 81147-1149

Executive Director
Department of Revenue

**WAIVER AND RELEASE OF LIABILITY
AND
AGREEMENT TO INDEMNIFY ARCHULETA COUNTY**

Release of Archuleta County From Liability to License Applicant and Licensee

By applying for a license pursuant to the Colorado Medical Marijuana Code (CRS §12-43.3-101, et seq.) and/or the Colorado Retail Marijuana Code (C.R.S. § 12-43.4-101, et seq.), and (if it is approved and issued) by accepting a license, from the Archuleta County Board of County Commissioners acting as the Archuleta County Local Licensing Authority, the applicant/licensee, and each of them, waives and releases Archuleta County, and its elected officials, employees, agents, insurers and attorneys, and each of them, from any liability for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees, clients or customers of the applicant/licensee for a violation of state or federal laws, rules or regulations relating to marijuana.

Agreement to Indemnify Archuleta County

By applying for a license pursuant to the Colorado Medical Marijuana Code (CRS §12-43.3-101, et seq.) and/or the Colorado Retail Marijuana Code (C.R.S. § 12-43.4-101, et seq.), and (if it is approved and issued) by accepting a license, from the Archuleta County Board of County Commissioners acting as the Archuleta County Local Licensing Authority, the applicant/licensee, and each of them, jointly and severally if more than one, agrees to indemnify, defend and hold harmless Archuleta County, and its elected officials, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the medical marijuana business that is the subject of the license.

THE UNDERSIGNED AGREES TO THE RELEASE AND AGREEMENT ABOVE.

Signed on 5.30.19


Applicant

STATE OF COLORADO)
)
COUNTY OF ARCHULETA) ss.

The foregoing instrument was acknowledged before me this 30 day of May,
2019, by William Delany, in their capacity as Owner
of Delany + Associates LLC.



Christian Chiffons
Notary Public

My Commission Expires: 4/22/2021

