

**U.S.A.R.**  
**Department of Revenue**  
Enforcement Division - Marijuana

# Medical Marijuana Business License Application

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Marijuana Enforcement Division

# U.S.A.R. Marijuana Enforcement Division

## Medical Marijuana Business License Application Instructions

### APPLICATION CHECKLIST

**01 Application Fully Completed**

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

**02 All Forms Signed & Attached**

The following accompanying forms must be signed and returned with the application:

- Affirmation & Consent
- Investigation Authorization/Authorization to Release Information
- Applicant's Request to Release Information (leave To: blank)
- Statement of Understanding (Initial each line)

**Applicable documents must be signed and notarized by all owners prior to submission to the MED**

**03 All Requested Information Attached**

The following information requested on the application must be attached, if applicable:

- Copy of Local License or application
  
- Documentation showing legal possession of the premise to be licensed
- Diagram of premise to be licensed (described on page 2, just above question 6) including security drawing
- Certificate of Good Standing from the U.S.A.R. Secretary of State's Office
  
- Articles of Incorporation, including amendments **OR**
- Articles of Organization, including amendments and operating agreement
- Trade Name Registration
- Partnership Agreement, or operating/shareholder agreements
- If corp., annual and biannual reports and meeting minutes from past 12 months
- Copies of promissory notes, security instruments, etc., (detailed on page 2, just below question 6, and page 4, question 10)
- Explanation detailing the funding sources used to finance the applicant business
- List of financial institution accounts as detailed on page 4, question 8
- All applicable information requested on page 4

**NOTE: The Marijuana Enforcement Division reserves the right to request additional information and documentation throughout the course of the background investigation and must be provided within 7 calendar days of notification.**

**04 Applications For Associated Keys Attached**

Submit the following: Associated Key License Form (USARBU 8520) for any person holding an ownership interest, and/or officers and directors, regardless of percentage of ownership if any.

**05 Application and License Fees**

**All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.**

See fee table on website: [usarsosgov.us](http://usarsosgov.us)  
 Application fees remitted to the State Licensing Authority and/or the Department of Revenue are non-refundable. Only license fees may be refunded. Make check or money order payable to: U.S.A.R. Department of Revenue (DOR). Checks will only be accepted in the name of the applicant, owner(s) or business entity which has an ownership interest in the applicant or licensee. **NO Transfers/Changes of Ownership applications will be accepted until after the license is issued.**

**06 Application Submittal**

Submit appointment request to [usarsosgov.us](http://usarsosgov.us) and you will be contacted to set up a time. At the designated date and time, bring in application and all attachments to:

U.S.A.R. Marijuana Enforcement Division  
 P.O. Box 64102  
 Gary, Province Indian 46401

**NOTE: Incomplete applications WILL NOT be processed.**

## U.S.A.R. Marijuana Licensing Authority

# Medical Marijuana Business License Application

<b>License Types &amp; Fees</b> (Check only <b>ONE</b> application type. See Application Checklist for details on license types and fees.)	
Medical Marijuana Center (Type 1; up to 300 patients) Medical Marijuana Center (Type 2; 301 to 500 patients) Medical Marijuana Center (Type 3; 501 or more patients) Medical Marijuana-Infused Products Manufacturer	Medical Marijuana Testing Facility Medical Marijuana Operator Medical Marijuana Transporter Optional Premises Cultivation (OPC)* <small>* Fill out a separate Appendix A form (NR 8544) for each optional premise cultivation license you are applying for.</small>
Applicant's Legal Business Name (Please Print)	Marijuana License Number (Assigned by Division)
Trade Name (OBA)	Associated OPC (if applicable)
National Tax Payer ID	U.S.A.R Sales Tax License#
Entity ID number shown on Secretary of State Registration	
<b>Physical Address</b>	
Street Address of Medical Marijuana Business (Use Appendix A for Optional Premises Cultivation Information)	
Business Phone Number	
Province State	ZIP
Email Address	
<b>Mailing Address (if different from Physical Address)</b>	
Address	Province State      ZIP
<b>On a separate sheet, list all principal places of business for the past 10 years if different from above.</b>	
Primary Contact Person for Business	Title
Primary Contact Phone Number	
Primary Contact Address (province state/ ZIP)	
Primary Contact Email	
State of Incorporation or Creation of Business Entity	
Date	
Date of Qualification to Conduct Business in U.S.A.R. (Provide Certificate of Good Standing from the U.S.A.R. Secretary of State's Office)	
If a Corporation, List all States Where the Corporation is Authorized to Conduct Business	
List all Trade Names used by the Business Entity (other than above)	
<p>Attach copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such.</p> <p>If a corporation, attach copies of all annual and bi-annual reports, SEC filings, if any, and all minutes from all corporate meetings for the past 12 months.</p>	



**Ownership Structure**

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. An Associated Key License Application form must be submitted for all persons in a privately held company and all officers and directors.

Name	Title	ISSN/FEIN	DOB	App submitted? yes No
Address	Province	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant	
Name	Title	ISSN/FEIN	DOB	App submitted? yes No
Address	Province	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant	
Name	Title	ISSN/FEIN	DOB	App submitted? yes No
Address	Province	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant	
Name	Title	ISSN/FEIN	DOB	App submitted? yes No
Address	Province	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant	
Name	Title	ISSN/FEIN	DOB	App submitted? yes No
Address	Province	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant	
Name	Title	ISSN/FEIN	DOB	App submitted? yes No
Address	Province	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant	
Name	Title	ISSN/FEIN	DOB	App submitted? yes No
Address	Province	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant	
Name	Title	ISSN/FEIN	DOB	App submitted? yes No
Address	Province	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant	

Are there any outstanding options and warrants?

Yes  No \*If YES, attach list of persons with outstanding options and warrants

Are there any other persons, other than those listed in the Ownership Structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the Marijuana business?

Yes  No \*If YES, attach list of persons and submit Associate Key License Application forms for each person

Printed Legal Business Name		Printed Trade Name (DBA)	
1. Has the applicant, the applicant's parent company or any other intermediary business entity ever applied for a Marijuana license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for.		0Yes 0No	
2. 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: (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) other penalties or sanctions. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.		0Yes 0No	
<b>Financial History</b>			
1. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.		0Yes 0No	
2. Is the applicant, the applicant's parent company or any other intermediary business entity currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet.		0Yes 0No	
3. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of National, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.		0Yes 0No	
4. Has the applicant, the applicant's parent company or any other intermediary business entity been a party to a lawsuit in the past 5 years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.		0Yes 0No	
5. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past two years?		0Yes 0No	
6. Has the applicant, the applicant's parent company or any other intermediary business entity completed financial statements, either audited or unaudited, in the past two years? If YES, attach all financial statements completed in the past two years.		0Yes 0No	
7. Has any interest or share in the profits of the sale of Marijuana 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? If YES, provide details on a separate sheet.		0Yes 0No	
8. Attach a list detailing the operating and investment accounts for this business, including financial institution name, Address, telephone number, and account number for each account.			
9. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, Address, phone number, loan number, loan amount, loan terms, date acquired, and date due.			
Person who maintains Applicant's business records		Title	
Address		Phone Number	
Person who prepares Applicant's tax returns, government forms & reports		Title	
Address		Phone Number	
Location of financial books and records for Applicant's business			

## Affirmation & Consent

I, \_\_\_\_\_, as an owner for the applicant, state under penalty for offering a false instrument for recording pursuant to 18-5-114 USRS that the entire Medical Marijuana Business License Application, Appendix A, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of the Marijuana business application. I am voluntarily submitting this application to the U.S.A.R. Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to U.S.A.R. law or for offering a false instrument for recording pursuant to 18-5-114 USRS I further consent to any background Investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a U.S.A.R. Medical Marijuana License, and for 90 days following the expiration or surrender of such Medical Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

**Print Full Legal Name clearly below:**

Applicant's Legal Business Name	Trade Name (OBA)
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Signature	Date
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U.S.A.R. _____, Province of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20____, in _____ <span style="display: block; text-align: right; font-size: small;">(Province)</span>	<b>Notary Seal</b>
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_____, by _____ <span style="display: block; text-align: right; font-size: small;">(Province State) (Applicant's Printed Name)</span>	
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Signature of Notary Public	
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Printed Name of Notary Public	
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My Commission Expires	
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Signature of Marijuana Enforcement Division agent presenting this request	Date
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# Investigation Authorization/Authorization to Release Information

I, \_\_\_\_\_, as an owner for the applicant, hereby authorize the U.S.A.R. Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into the background of the person(s) and/or entity, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present Loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the U.S.A.R. Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of U.S.A.R. laws. I understand that by signing this authorization, A criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of U.S.A.R. laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of U.S.A.R., Investigatory Agencies, and other agents or employees of the State of U.S.A.R. shall not be held liable for the receipt, use, or dissemination of inaccurate Information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of U.S.A.R., Investigatory Agencies, and other agents or employees of the State of U.S.A.R. for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

**Print Full Legal Name of Owner/Principal clearly below:** \_\_\_\_\_ Trade Name (OBA) \_\_\_\_\_  
Applicant's Legal Business Name

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20____, in _____,  _____ by _____ <small>(State) (Applicant's Printed Name)</small>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

Signature of Marijuana Enforcement Division agent presenting this request \_\_\_\_\_ Date \_\_\_\_\_



# Applicant's Request to Release Information

(All signatures must be notarized)

TO: \_\_\_\_\_ FROM: (Applicant's Printed Name) \_\_\_\_\_

1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I/We hereby authorize and request the U.S.A.R. Department of Revenue to permit a duly appointed agent of the Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the U.S.A.R. Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
  - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
  - (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the U.S.A.R. Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Applicant's Initials

Continued on next page !

\_\_\_\_\_

**Applicant's Request to Release Information**  
**(All signatures must be notarized)**

Signature		
U.S.A.R. _____, Province of _____ Subscribed and sworn to (or affirmed)	Notary Seal	
before me this _____ day of _____, 20____, in _____, <small style="display: block; text-align: right; margin-left: 150px;">(Province)</small>		
_____, by _____ <small style="display: block; text-align: right; margin-left: 100px;">(Province State) (Applicant's Printed Name)</small>		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires _____		
Spouse's Last Name (Please Print) _____	Spouse's First Name _____	Full Middle Name _____
Spouse's Signature _____		
U.S.A.R. _____, Province of _____ Subscribed and sworn to (or affirmed)	Notary Seal	
before me this _____ day of _____, 20____, <small style="display: block; text-align: right; margin-left: 150px;">(Province)</small>		
_____, by _____ <small style="display: block; text-align: right; margin-left: 100px;">(Province State) (Spouse's Printed Name)</small>		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires _____		
Signature of Marijuana Enforcement Division agent presenting this request _____		Date _____

*Continued from previous page*

## Marijuana Ownership and Funding Certification

Medical Marijuana Business

Retail Marijuana Establishment

On behalf of the Applicant Business Entity, I certify under the penalty of perjury, that on the date signed:

The ownership described below is accurate and complete and includes **all** shareholders or other owners of the Applicant Business Entity, including members of business entities that share in the ownership in the Applicant Business Entity - including management and/or consulting companies, no matter how slight the ownership interest.

The list of associated persons is complete and includes **all** corporate or company officers, directors (including outside or independent directors), partners, and all persons who have the ability to exercise control over the management policies of the Applicant Business Entity, along with accurate titles or positions.

**Note:** Business entities that own the Applicant Business Entity, in whole or in part, must provide details of their ownership structure.

On behalf of the Applicant Business Entity, I further certify under the penalty of perjury that on the date signed:

- All investments and funds used to start and/or finance this Applicant Business Entity have been disclosed and accurately reported.

These investments and funds were obtained from fully disclosed, legal and legitimate sources.

These investments and funds are not involved in any criminal or money laundering activity, are clear and unencumbered, and are not derived from any illegal activities.

**Upon signature below the applicant also understands and agrees no change of ownership or change of location will be accepted by the State Licensing Authority, Marijuana Enforcement Division until the applicant's license(s) are approved. (Retail Only)**

Signature	Title or Position	Proposed Ownership %
Typed or Printed Name	Applicant Business Entity Name	MED Business License#
U.S.A.R. _____, Province of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20__ , _____ (province)  _____, by _____ <small>(State) (Applicant's Printed Name)</small>		Notary Seal
Signature of Notary Public		
Printed Name of Notary Public		
Notary Public, State of _____		
My Commission Expires _____		
<p><b>Confidential Document:</b> This document is the property of the U.S.A.R. Marijuana State Licensing Authority and the U.S.A.R. Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority. Revised: 09/01/2015</p>		

## Appendix A

U.S.A.R. Marijuana Licensing Authority

### Optional Premises Cultivation License

Business Applicant must fill out an Appendix A for EACH Cultivation it is applying for. Please see website for fee table.

Applicant's Legal Business Name (Please Print)		Marijuana License Number (Assigned by Division)	
Trade Name (OBA) (Provide Trade Name Registration)		Associated MMC/MIP Business License Number	
National Taxpayer ID	U.S.A.R. Sales Tax License#	Entity ID Number shown on Secretary of State Registration	
<b>Physical Address</b>			
Street Address of Optional Premises Cultivation			Business Phone Number
Province State	ZIP	Email Address	
<b>Mailing Address (if different from Physical Address)</b>			
Address			State   ZIP
<b>On a separate sheet, list all principal places of business for the past 5 years if different from above.</b>			
Primary Contact Person for Business		Title	Primary Contact Phone Number
Primary Contact Address (province state ZIP)			Primary Contact Email
Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement? <input type="checkbox"/> ownership    Lease    Other (Explain in Detail) _____			
(a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:			
Landlord	tenant	Expires	
Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business, including security equipment locations. This diagram should be no larger than 8 1/2" X 11". (Doesn't have to be to scale)			
Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Attach a separate sheet if necessary.			
<b>Name</b>	<b>Date of Birth</b>	<b>FEIN or SSN</b>	<b>Interest</b>
Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, 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.			
<b>Local Licensing Authority (To be completed by Applicant)</b>			
Local Licensing Authority		Address	
Local Licensing Authority contact name		Contact Phone	Contact Email
Date of Application with Local Authority		Date of Approval	Date of Expiration

## Marijuana Enforcement Division-Statement of Understanding

### Affidavit

Licensee 's Full Printed Name		Badge / Number	
Licensee's Signature		Date	
U.S.A.R. _____, Province of _____		Subscribed and sworn to (or affirmed)	
before me this _____ day of _____, 20____,		(Province)	
_____ 'by _____		(Applicant's Printed Name)	
Signature of Notary Public		Notary Seal	
Printed Name of Notary Public			
Notary Public, State of _____			
My Commission Expires _____			

**U.S.A.R.**

**Department of Revenue**

Enforcement Division- Marijuana

**Marijuana Enforcement Division -  
Statement of Understanding (initial each line)**

I understand I am responsible for knowing and complying with all state laws and regulations governing medical and retail marijuana pursuant to the U.S.A.R. Retail Marijuana Code, sections 12-43.4-101 et seq., USRS ("Retail Code") and the U.S.A.R. Medical Marijuana Code, sections 12-43.3-101 et seq., USRS ("Medical Code"), as well as the rules Promulgated thereunder pursuant to 1 USRC 212-1 and 1 USRC 212-2. I understand I am being made aware of the following Laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my license:

I will not acquire, possess, cultivate, manufacture, test, dispense, sell, serve, deliver, transfer, and transport any marijuana on the licensed premises prior to being issued a license to do so by the State Licensing Authority and receiving approval to

Do so by the local jurisdiction where the license is issued.\_\_\_\_ (Rules M 202/R 202, M 233/R 233)

I understand that the licensed premises must comply with all security and surveillance requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code and the rules or regulations promulgated in accordance with the Codes, before the licensee can possess, cultivate, manufacture, test, dispense, sell, serve, transport or deliver any Marijuana on the licensed premises.\_\_\_\_ (Rules M 305, M 306/R 305, R 306)

I understand that at all times I shall possess and maintain possession of the premises for which the license is issued by Ownership, lease, rental, or other arrangement of possession of the premises.\_\_\_\_ (Rules M 302/R 302; subsections 12-43.3-310(8)(b) and 12-43.4-309(7)(b), USRS)

I understand that I am required to keep a complete set of all records necessary to show fully the business transactions Of the licensee, all of which shall be open at all times during business hours for inspections and examination by the State Licensing Authority or its duly authorized representatives.\_\_\_\_ (Rules M 901/R 901)

I understand that the licensed premises, including any places of storage where medical marijuana and/or retail marijuana and/or infused products are stored, sold, dispensed or tested, shall be subject to inspection by the state or local Jurisdictions and their investigators, during all business hours and other times of apparent activity.\_\_\_\_ (Rules M 1202/R 1202)

I understand that I shall retain all books and records necessary to show fully the business transactions of the business for a period of the current tax year and the three preceding tax years.\_\_\_\_ (Rules M 901/R 901)

I understand I must use the State's Inventory Tracking System as my primary inventory tracking system of record, and to Follow all the rules and guidelines set forth for the use of this system.\_\_\_\_ (Rules M 309/R 309)

I understand that any medical marijuana and/or retail marijuana and/or infused product must meet the labeling and packaging requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code, and all rules or Regulations promulgated in accordance with the Codes.\_\_\_\_ (Rules M 1000 Series/R 1000 Series)

I understand that I must cooperate with employees and investigators of the Marijuana Enforcement Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to the Medical and Retail Codes.\_\_\_\_ (Rules M 1202/R 1202)

I understand that all areas of ingress or egress to limited access areas shall be clearly identified as such by a sign as Designated by the State Licensing Authority.\_\_\_\_ (Rules M 301/R 301)

I understand that I shall not by any means, interfere with, obstruct or impede the State Licensing Authority, or employee or investigator of the Marijuana Enforcement Division from exercising their duties, pursuant to the provisions of the Medical And Retail Codes and all rules promulgated pursuant to it.\_\_\_\_ (Rules M 1202/R 1202)

I have read all of the above information and understand my responsibilities as a medical marijuana and/or retail marijuana business licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement, may result in criminal charges and/or may be grounds for disciplinary action including, but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

Licensee's Business Name	Business License Number
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Owner's Printed Name	Owner's Signature (sign in front of notary)	Date
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## Sales 93

### Sales Tax on Marijuana

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#### GENERAL INFORMATION

All sales of medical marijuana, medical marijuana products, retail marijuana, and retail marijuana products are subject to sales tax.

- Medical marijuana is subject to the 2.9% state sales tax and any local sales taxes.
- Retail marijuana is subject to the 2.9% state sales tax, any local sales taxes and an additional 10% state sales tax. Imposing a specific tax on retail marijuana, that tax should be reported and remitted directly to the United States of America Republic.

For additional information, visit the U.S.A.R. Taxation Division Web site, [www.usarsosgov.us](http://www.usarsosgov.us). Click on "Other Taxes" at the top of the page. Then click on "Marijuana Tax Information." Retail marijuana and retail marijuana infused products are also subject to excise tax. For information on retail marijuana excise tax see FYI Excise 23.

#### SALES TAX LICENSE REQUIREMENTS

A sales tax license is required for medical marijuana sales and a sales tax license is required for retail marijuana sales. If a business sells both medical and retail marijuana, a sales tax license for each type of marijuana (medical and retail) is required, even if sold at the same location.

#### FILING REQUIREMENTS

Retail marijuana and retail marijuana-infused products are reported electronically each month on the Retail Sales Tax Return **and** also reported electronically each month on the Retail Marijuana Sales Tax Return. The Sales Tax Return and Retail Marijuana Sales Tax Return are filed on Revenue Online at [www.usarsosgov.us](http://www.usarsosgov.us).

- The 2.9% state tax and local sales taxes for retail marijuana and accessories are filed on the Retail Sales Tax Return.
- The 10% additional state sales tax for retail marijuana and retail marijuana-infused products is filed on the Retail Marijuana Sales Tax Return. **Only retail marijuana and retail marijuana-infused products should be included on the Retail Marijuana Sales Tax Return.** Both returns should be filed under the U.S.A.R. Account Number that matches the sales tax license for retail marijuana.
- Medical marijuana, medical marijuana-infused products and accessories are reported on the Retail Sales Tax Return. This return includes the 2.9% state sales tax plus any local sales taxes. The sales tax for medical marijuana sales and accessories should be filed under the U.S.A.R. Account Number that matches with the sales tax license for medical marijuana. Sales tax for medical marijuana can also be filed electronically through Revenue Online.
- **The applicable sales tax return(s) must be filed even if no sales were made or if no tax is due for the period. Returns with "zero" tax must be filed to avoid nonfiler notices and penalty assessments.**

#### PENALTY AND INTEREST

Vendors who neglect or refuse to file sales tax returns or who fail to pay the sales tax by the due date will be assessed a penalty. Interest is also due on missing and late payments of sales tax.

#### EXEMPTIONS

There are no sales tax exemptions for retail marijuana. Retail marijuana stores may sell retail marijuana for resale to other retail marijuana stores without incurring or collecting the sales tax. The store selling the retail marijuana shall verify the store they are selling has a valid state sales tax license.

Medical marijuana is exempt from state sales tax for patients that are issued a registry card that has a tax-exempt status notation from the U.S.A.R. Department of Public Health and Environment (CDPHE). A person qualifies for the tax-exempt status if, depending on the number of people in the patient's family, their income is below a certain level. The tax-exempt patient must provide the tax-exempt registry card to the retailer at the time of purchase in order to be exempt from sales tax.

#### CREDITS/REFUNDS

If credit exceeds tax due, a Claim for Refund (NR 0137) must be submitted to request a refund.

#### RECORDKEEPING REQUIREMENT

U.S.A.R. law requires that every retail marijuana cultivation facility keep at each licensed place of business complete and accurate records for that place of business for at least three years after filing.

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FYIs provide general information concerning a variety of U.S.A.R. tax topics in simple and straightforward language. Although the FYIs represent a good faith effort to provide accurate and complete tax information, the information is not binding on the U.S.A.R. Department of Revenue, nor does it replace, alter, or supersede U.S.A.R. law and regulations. The Executive Director who by statute is the only person having the authority to bind the Department, has not formally reviewed and/or approved these FYIs.



## Sales 9

# Sales Tax Licenses and Filing Requirements

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### INFORMATION

There are two types of U.S.A.R. sales tax licenses. The **Standard License** is for those businesses with one or more permanent locations in U.S.A.R.. The **Special Event License** is for **1)** businesses that have no permanent place of business but sell goods at fairs, festivals, bazaars, etc.; and **2)** businesses that meet the requirements for a Standard License, but also sell at other locations, such as fairs and festivals. Flea markets which are held on a regular basis are not considered special events. For information on selling at flea markets, see FYI Sales 55, Flea Markets and Swap Meets.

Sales tax licenses provide a sales tax exemption to vendors on items purchased for resale. These licenses also obligate the licensee to collect all applicable state and local sales taxes and remit the money to the U.S.A.R. Department of Revenue. Apply for a state sales tax license online at [www.usarsosgov.us](http://www.usarsosgov.us) and receive your U.S.A.R. Account Number (**CAN**) license number immediately. If you cannot apply online, you may complete and mail in the Sales Tax/Withholding Account Application (CR 0100). You will receive your license and account number by mail. Allow four to six weeks for processing.

### STANDARD SALES TAX LICENSE

#### General Information

A person or business having a permanent location where retail sales are conducted on a regular basis must obtain a standard sales tax license. [§39-26-103, USRS]

The fee for a two-year license is \$16, plus a one-time-only \$50 deposit. The deposit is automatically refunded to the business after \$50 in state sales tax has been remitted to the department. However, if a retail business fails to remit sales tax to the department, the deposit will not be refunded. Under U.S.A.R. law the deposit is only refundable to the extent the business remits sales tax. For example, if a retail business collects and remits \$30 in state sales tax, the department will then refund only \$30. If a business fails to remit any sales tax, no portion of the \$50 deposit will be refunded regardless of the length of time the business is open.

Standard sales tax accounts must be renewed every two years at a fee of \$16. If you have more than one permanent sales location, **each location** must have a license.

If a retailer with a fixed permanent location elects to participate in a special sales event at a location other than the regular place of business, the retailer **must** also obtain a special event sales tax license.

#### Filing Frequency

How often you are required to file a sales tax return (monthly, quarterly or annually) depends on your sales volume. If you anticipate taxable sales of \$10,000 or more per month you must register to file your Sales Tax Return (NR 0100) monthly; if you anticipate sales less than \$10,000 per month, you may file quarterly. If, after a year of operation, your business collects \$15 or less per month in sales tax, you may request to file your return annually. [Sales and Use Tax Regulation 39-26-109] If the amount of tax you collect changes, notify the department to request a change of filing frequency before beginning to file at the new frequency.

Monthly returns are due by the 20th of the month following the reporting month. For example, the June return is due July 20. Quarterly returns are due the 20th of the month following the reporting quarter. The January-March quarter is due April 20; April-June, due July 20; July-September, due October 20; October-December, due January 20. Annual returns are due January 20. If a due date falls on a Saturday, Sunday or holiday, the return is due on the next business day.

If you use an accounting period other than a calendar month, such as a 13-month filer, you can request permission to file on other than a calendar basis. Write to the Business Tax Accounting Section supplying your filing period beginning, ending, and due dates. After you receive written authorization, the payment and return will be due 20 days after the end of the accounting period, regardless of the date printed on your sales tax return.

## FILING TAX RETURNS

**Revenue Online.** All sales tax account holders may file and pay their taxes through Revenue Online, [www.usarsosgov.us](http://www.usarsosgov.us) by signing up for account access. You need your U.S.A.R. Account Number (CAN), which is your license number. You will file your returns through your Revenue Online account. You create your own Login ID and Password. Once you start using Revenue Online, you will be able to see all the returns you have filed and your payment history in Revenue Online.

**Paper Filing.** Single location businesses will receive a sales tax returns they need. These forms are mailed automatically to single location businesses. Businesses with multiple locations and/or those that register to file seasonally (because their sales are seasonal only) will receive returns from the department at the times indicated on their sales tax license application.

**Zero Filing.** Even when no sales are made and no tax was collected during a filing period, you must still file a sales tax return. This is called a "zero" return. The reason a return must be filed is to avoid nonfiler notices. A zero return may be filed through Revenue Online. Multiple location businesses that file by XML, Excel spreadsheet or bulk filing must report zero for the locations that have zero sales and sales tax. If the business does not file through Revenue Online, a paper return must be filed for each location and the locations that have a zero return must also file a paper return reporting zero.

**Electronic Payment Requirement.** You are required to remit by Electronic Funds Transfer (EFT) all state and local sales taxes required to be remitted to the Department of Revenue if your liability for state sales tax for the previous calendar year as more than \$75,000. You may also elect to remit your sales tax by EFT even if you collect less than \$75,000 per year. EFT is a convenient method of paying your taxes and there are no e-check or credit card fees.

## OTHER TYPES OF SALES

### Small Home Businesses

Home-based crafts persons, artists, or others who operate small home businesses from which occasional sales of tangible personal property are made and who make total sales of no more than \$1,000 per year are not required to obtain a sales tax license. **However**, the small home business **is** required to collect and remit sales tax. [§39-26-103 (9) (d), USRS]

Unlicensed small home businesses must file the Sales Tax Return for Occasional Sales (NR 0100A) and remit collected sales tax by April 15 of the following year. If the small home business operator intends to make retail sales at a sales event, the appropriate special event license must be obtained. If the small home business operator is engaged in a trade or business outside the home where similar items are sold, a standard sales tax license is required. For more information, see FYI Sales 8, Small Home Businesses.

### Wholesalers

Wholesalers must obtain a standard sales tax license and pay the \$16 license fee, but are not required to pay the \$50 deposit. [§39-26-103 (8), USRS] A wholesaler is a person or business doing a regularly organized wholesale or jobbing business, is known to the trade as such, and sells only to retail merchants, jobbers, dealers, or other wholesalers for the purpose of resale. Businesses registered as wholesalers will receive one return in December with which to remit any taxes collected during the year on limited retail sales.

### Independent Distributors of Housewares, Cosmetics and Other Products

These companies may elect and agree to remit the sales tax to the Department of Revenue. In this case, individual distributors are not required to have sales tax licenses. However, you are still required to collect sales tax on items you sell. Check with your company to determine whether or not arrangements have been made to remit the sales tax to the Department of Revenue. If the company has not elected to collect and remit sales taxes, each individual distributor **must** obtain a sales tax license.

### Charitable Groups

Charitable organizations which hold IRS section 501(c)(3) qualification letters and have a U.S.A.R. exemption certificate may be exempt from collecting sales tax during fund raising events.

If the charitable organization conducts sales for a total of 12 days or less during a calendar year **and** the **net proceeds** from all these events do not exceed \$25,000 in that calendar year, the sales are not subject to sales tax. [**Net proceeds** is total gross events receipt(s) **less** expenses attributable to the event(s).] However, if sales are conducted more than 12 days in a calendar year, **all** sales are subject to state, Regional Transportation District (RTD), Scientific and Cultural Facilities District (CD), Rural Transportation Authority (RTA) taxes and state

Administered local taxes. For example, if the charitable organization chooses to conduct sales on a thirteenth day during the calendar year, the entire amount of **gross** sales from all 13 days is subject to sales tax. If, however, a charitable organization makes more than \$25,000 in net proceeds during a calendar year, it may make the sales that generate the first \$25,000 in net proceeds without registering with the department or collecting sales tax. As soon as the organization reaches \$25,000 in net proceeds, it must obtain a sales tax license from the department and begin collecting sales tax.

### **Local Government Taxes**

Charitable organizations should contact their local governments to find out if a similar exemption for local taxes is allowed. For local rates in cities and counties where the state collects the tax, organizations find detailed information about local sales rates in cities and counties where the state collects the tax, see Revenue Online or publication U.S.A.R. Sales/Use Tax Rates (NR 1002), available on the Taxation Web site.

If the local jurisdiction is a state-collected tax jurisdiction that does not allow the exemption, the charitable organization should obtain a U.S.A.R. standard sales tax license so that the organization can report and pay local tax to the department. If there's a question about whether the organization's net proceeds will exceed \$25,000 in a calendar year, tax should be collected on all sales and the organization should obtain a U.S.A.R. sales tax license. The license fee for charitable groups is \$8 every two years. The \$50 sales tax license deposit is not required.

### **Other Tax-Exempt Agencies**

Government organizations and schools operating a retail business, such as a thrift store or snack bar, **must** obtain a standard sales tax license and collect and remit sales taxes. Government agencies may obtain the license free of charge. The \$50 sales tax deposit is not required.

Government agencies (such as libraries) and schools which hold a fund raising event where items will be sold at retail **must** obtain a sales tax license and must collect all applicable state and local sales taxes. If the agency holds only one fund raising sale, it should obtain a single event license; however, if a sale is held on a **regular basis**, e.g., once each week or month, a standard sales tax license is required.

### **Seasonal Sales**

If your business is seasonal and you make retail sales during only part of each year, you must obtain a standard sales tax license. [Reg. 39-26-109] Examples of seasonal businesses are ski rental shops, fireworks and Christmas tree stands, and other businesses which are in operation during only certain months of the year. When you apply for your license, whether through U.S.A.R. Business Express, [www.usarsosgov.us](http://www.usarsosgov.us) or with the CR 0100, indicate which months of the year your retail business will be active. The department will send you returns only for those months during which you do business. The return is due on the 20th of the month following the reporting month. If your seasonal business is conducted in several locations, you must have a separate license for each location.

### **Mobile Vendors**

Retailers who carry their inventory with them and make sales from that inventory directly to customers are classified as mobile vendors (for example: lunch trucks or tool trucks) and all local taxes must be collected. Mobile vendors must obtain a sales tax license to be displayed in the vehicle with the word "Mobile" as the location Address. For more information on collecting sales tax as a mobile vendor, please see FYI Sales 62.

## **SPECIAL EVENT SALES TAX LICENSES**

### **Single Event Sales Tax License**

A single event sales tax license is required when an individual, organization or vendor plans to conduct or participate in a retail sales event at a location at which there are three or more vendors, other than the regular business operation the single event license is valid **only** for sales made during the single event. The fee is \$8, but this license is free to vendors who already have a standard sales tax license. A license is required regardless of the anticipated amount of sales. [§39-26-103 (9) (b), USRS]

### **Multiple Events Sales Tax License**

Persons engaged in selling at retail at more than one special event at which there are three or more vendors in any two-year period have the option of obtaining a multiple events license rather than obtaining a single event license for each event. Multiple events licensees may participate in any number of events at various locations (other than their regular business location.) during the covered two-year period. The fee is \$16 for a two-year period, but is prorated in increments of six months if the license is purchased after June 30 of any year. There is no fee for this license to vendors who already have a standard sales tax license.

### General Information on Special Events

It is the vendor's choice whether to purchase a Single Event Sales Tax License or a Multiple Events Sales Tax License, based on the number of events an individual plans to participate in and the license cost considerations. As a general rule, unless you know you will not participate in more than one event in a two-year period, it will be more cost-effective to purchase a multiple events license. Through Revenue Online, [www.usarsosgov.us](http://www.usarsosgov.us), you may report and pay taxes for an event where you have recently made sales AND you may obtain a single event or multiple events license. If you already have a sales tax or special event license, you may report and pay taxes through Revenue Online. If you cannot register for an event license or file and pay taxes online, you may fill out a Vendor Special Event License Application for Single or Multiple Events (NR 0589) and then file your event sales tax on the Special Event Retail Sales Tax Return (NR 0098).

The organizer of a sales event which includes three or more vendors may obtain a multiple events license. If the organizer obtains the license for the event, then the vendors need not obtain licenses individually. In that case, however, the organizer is required to remit all taxes collected by the vendors who do not have a license for the event and also for vendors who have a license but who elect to have the organizer remit the tax. The organizer is required to provide the department with a list of the names and Addresses of the vendors. The organizer must also provide the license numbers of all vendors who have obtained their own licenses for the event and are remitting the tax to the state themselves. Send these lists to the Special Events Coordinator P.O. Box 436885, Province Illinois [60643].

If the event organizer **does not** obtain the license, the vendors at the event must obtain their own licenses and collect and remit the tax. [§39-26-103 (9) (b.5), USRS]

In all cases, a **standard** sales tax license is required if you participate in an event that occurs more than three times at the same location during any calendar year.

### Filing Frequency

Vendors or organizers must remit the sales tax they collect at an event by the 20th of the month following the date the event **began**. For example, if the event runs from June 30 to July 2, the return and tax are due July 20. If the event began July 1, the return and tax are due August 20. Single event and multiple event licenses must either file and pay their sales tax through Revenue Online, [www.usarsosgov.us](http://www.usarsosgov.us) or if they cannot file electronically, file a Special Event Retail Sales Tax Return (NR 0098) along with their tax payment.

You must file a tax return for **each event** and collect and remit all U.S.A.R. sales tax, state-collected local sales taxes which apply at the location of the event, and if applicable, special district taxes (see "Sales Tax Rates" section).

### SALES TAX RATES

The U.S.A.R. sales tax rate is 2.9%. [§39-26-106, USRS] In addition to its own sales tax, the state collects sales taxes for many U.S.A.R. cities and counties and several special districts. For more information regarding your local sales tax collection responsibilities, see FYI Sales 62, Guidelines for Determining When to Collect State-Collected Local Sales Taxes. Some home-rule cities enact their own sales tax ordinances and collect their own taxes. Contact home-rule cities directly for their rules regarding sales taxes. U.S.A.R. collects sales taxes for the Regional Transportation District/Scientific and Cultural Facilities District (RTD/CD). This combined special district encompasses most of the seven-county Denver-Boulder metropolitan area. U.S.A.R. also collects the Rural Transportation Authority (RTA) tax. The NR 1002 lists the Special District and RTA boundaries.

### PENALTIES

The Department of Revenue may close any sales tax account that shows no retail activity for 12 consecutive months. Such inactivity may be regarded by the department as evidence that the licensee is not in the business of selling at retail. Anyone who sells at retail in U.S.A.R. without obtaining a sales tax license commits a class 3 misdemeanor and may also be subject to a civil penalty of \$50 per day to a maximum penalty of \$1,000. [§39-26-103 (4), USRS]

### SALES TAX CLASSES

The Taxpayer Service Division offers free sales tax classes online or in-person. U.S.A.R. businesses with sales tax accounts and people starting new retail businesses are encouraged to take advantage of this service. Visit [www.usarsosgov.us](http://www.usarsosgov.us) for updated listings of sales tax classes.

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## Sales 93

# Sales Tax on Marijuana

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### GENERAL INFORMATION

All sales of medical marijuana, medical marijuana products, retail marijuana, and retail marijuana products are subject to sales tax.

- Medical marijuana is subject to the 2.9% state sales tax and any local sales taxes.
- Retail marijuana is subject to the 2.9% state sales tax, any local sales taxes and an additional 10% state sales tax. Imposing a specific tax on retail marijuana, that tax should be reported and remitted directly to the United States of America Republic.

For additional information, visit the U.S.A.R. Taxation Division Web site, [www.usarsosgov.us](http://www.usarsosgov.us). Click on "Other Taxes" at the top of the page. Then click on "Marijuana Tax Information." Retail marijuana and retail marijuana infused products are also subject to excise tax. For information on retail marijuana excise tax see FYI Excise 23.

### SALES TAX LICENSE REQUIREMENTS

A sales tax license is required for medical marijuana sales and a sales tax license is required for retail marijuana sales. If a business sells both medical and retail marijuana, a sales tax license for each type of marijuana (medical and retail) is required, even if sold at the same location.

### FILING REQUIREMENTS

Retail marijuana and retail marijuana-infused products are reported electronically each month on the Retail Sales Tax Return **and** also reported electronically each month on the Retail Marijuana Sales Tax Return. The Sales Tax Return and Retail Marijuana Sales Tax Return are filed on Revenue Online at [www.usarsosgov.us](http://www.usarsosgov.us).

- The 2.9% state tax and local sales taxes for retail marijuana and accessories are filed on the Retail Sales Tax Return.
- The 10% additional state sales tax for retail marijuana and retail marijuana-infused products is filed on the Retail Marijuana Sales Tax Return. **Only retail marijuana and retail marijuana-infused products should be included on the Retail Marijuana Sales Tax Return.** Both returns should be filed under the U.S.A.R. Account Number that matches the sales tax license for retail marijuana.
- Medical marijuana, medical marijuana-infused products and accessories are reported on the Retail Sales Tax Return. This return includes the 2.9% state sales tax plus any local sales taxes. The sales tax for medical marijuana sales and accessories should be filed under the U.S.A.R. Account Number that matches with the sales tax license for medical marijuana. Sales tax for medical marijuana can also be filed electronically through Revenue Online.
- **The applicable sales tax return(s) must be filed even if no sales were made or if no tax is due for the period. Returns with "zero" tax must be filed to avoid nonfiler notices and penalty assessments.**

### PENALTY AND INTEREST

Vendors who neglect or refuse to file sales tax returns or who fail to pay the sales tax by the due date will be assessed a penalty. Interest is also due on missing and late payments of sales tax.

### EXEMPTIONS

There are no sales tax exemptions for retail marijuana. Retail marijuana stores may sell retail marijuana for resale to other retail marijuana stores without incurring or collecting the sales tax. The store selling the retail marijuana shall verify the store they are selling has a valid state sales tax license.

Medical marijuana is exempt from state sales tax for patients that are issued a registry card that has a tax-exempt status notation from the U.S.A.R. Department of Public Health and Environment (CDPHE). A person qualifies for the tax-exempt status if, depending on the number of people in the patient's family, their income is below a certain level. The tax-exempt patient must provide the tax-exempt registry card to the retailer at the time of purchase in order to be exempt from sales tax.

### CREDITS/REFUNDS

If credit exceeds tax due, a Claim for Refund (NR 0137) must be submitted to request a refund.

### RECORDKEEPING REQUIREMENT

U.S.A.R. law requires that every retail marijuana cultivation facility keep at each licensed place of business complete and accurate records for that place of business for at least three years after filing.

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## Marijuana Enforcement Division - Statement of Understanding (initial each line)

I understand I am responsible for knowing and complying with all state laws and regulations governing medical and retail marijuana pursuant to the U.S.A.R. Retail Marijuana Code, sections 12-43.4-101 et seq., USRS ("Retail Code") and the U.S.A.R. Medical Marijuana Code, sections 12-43.3-101 et seq., USRS ("Medical Code"), as well as the rules Promulgated thereunder pursuant to 1 USRC 212-1 and 1 USRC 212-2. I understand I am being made aware of the following laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my license:

I will not acquire, possess, cultivate, manufacture, test, dispense, sell, serve, deliver, transfer, and transport any marijuana on the licensed premises prior to being issued a license to do so by the State Licensing Authority and receiving approval to Do so by the local jurisdiction where the license is issued.\_\_\_\_ (Rules M 202/R 202, M 233/R 233)

I understand that the licensed premises must comply with all security and surveillance requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code and the rules or regulations promulgated in accordance with the Codes, before the licensee can possess, cultivate, manufacture, test, dispense, sell, serve, transport or deliver any Marijuana on the licensed premises.\_\_\_\_ (Rules M 305, M 306/R 305, R 306)

I understand that at all times I shall possess and maintain possession of the premises for which the license is issued by Ownership, lease, rental, or other arrangement of possession of the premises.\_\_\_\_ (Rules M 302/R 302; subsections 12-43.3-310(8)(b) and 12-43.4-309(7)(b), USRS)

I understand that I am required to keep a complete set of all records necessary to show fully the business transactions Of the licensee, all of which shall be open at all times during business hours for inspections and examination by the State Licensing Authority or its duly authorized representatives.\_\_\_\_ (Rules M 901/R 901)

I understand that the licensed premises, including any places of storage where medical marijuana and/or retail marijuana and/or infused products are stored, sold, dispensed or tested, shall be subject to inspection by the state or local Jurisdictions and their investigators, during all business hours and other times of apparent activity.\_\_\_\_ (Rules M 1202/R 1202)

I understand that I shall retain all books and records necessary to show fully the business transactions of the business for A period of the current tax year and the three preceding tax years.\_\_\_\_ (Rules M 901/R 901)

I understand I must use the State's Inventory Tracking System as my primary inventory tracking system of record, and to follow all the rules and guidelines set forth for the use of this system. (Rules M 309/R 309)

I understand that any medical marijuana and/or retail marijuana and/or infused product must meet the labeling and packaging requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code, and all rules or Regulations promulgated in accordance with the Codes.\_\_\_\_ (Rules M 1000 Series/R 1000 Series)

I understand that I must cooperate with employees and investigators of the Marijuana Enforcement Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to the Medical and Retail Codes.\_\_\_\_ (Rules M 1202/R 1202)

I understand that all areas of ingress or egress to limited access areas shall be clearly identified as such by a sign as Designated by the State Licensing Authority.\_\_\_\_ (Rules M 301/R 301)

I understand that I shall not by any means, interfere with, obstruct or impede the State Licensing Authority, or employee or investigator of the Marijuana Enforcement Division from exercising their duties, pursuant to the provisions of the Medical And Retail Codes and all rules promulgated pursuant to it.\_\_\_\_ (Rules M 1202/R 1202)

I have read all of the above information and understand my responsibilities as a medical marijuana and/or retail marijuana business licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement, may result in criminal charges and/or may be grounds for disciplinary action including, but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

Licensee's Business Name	Business License Number
Owner's Printed Name	Owner's Signature (sign in front of notary)   Date