

Colorado Marijuana Licensing Authority
Business License Renewal Application

M.E.D.-1

2016 SEP 21 PM 1:56

License Type (Check only ONE box per application. See website for fees and additional license type information)					
<input type="checkbox"/> Medical Marijuana Center (Select Type) <input type="checkbox"/> Type 1 (Up to 300 patients) <input type="checkbox"/> Type 2 (301 to 500 patients) <input type="checkbox"/> Type 3 (501 or more patients) <input type="checkbox"/> Medical Optional Premises Cultivation <input type="checkbox"/> Medical Marijuana-Infused Products Manufacturer <input type="checkbox"/> Medical Marijuana Testing Facility		<input type="checkbox"/> Affiliated Business <input type="checkbox"/> Other: _____ <input type="checkbox"/> Retail Marijuana Store <input checked="" type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Retail Marijuana Testing Facility		<input type="checkbox"/> Retail Marijuana Cultivation (Select Tier) <input type="checkbox"/> Tier 1 (Up to 1800 plants) <input type="checkbox"/> Tier 2 (1801 to 3600 plants) <input type="checkbox"/> Tier 3 (3601 or 6000 plants) <input type="checkbox"/> Tier 4 (6001 or 10200 plants) <input type="checkbox"/> Tier 5 (10201 or 13800 plants) <input type="checkbox"/> Tier 5+ (_____ plants in excess of 13801)	
Applicant's Legal Business Name (Please Print) Lifestyle Foods, Inc.			Marijuana License Number		
Trade Name (DBA) (Provide Trade Name Registration)			Website Address		
Physical Address					
Street Address of Marijuana Business 6795 E. 49th Ave.				Business Phone Number ()	
City Commerce City	County Adams	State CO	ZIP 80022	Email Address n	
Mailing Address (if different from Physical Address)					
Address		City		State	ZIP
Primary Contact Person for Business Melissa Bradley			Title Owner	Primary Contact Phone Number	
Primary Contact Address (city, state ZIP) 6795 E. 49th Ave.				Primary Contact Email	
Federal Taxpayer ID		Colorado Sales Tax License #		Entity ID Number shown on Secretary of State Registration	
Type of Business Structure					
<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> C Corporation		<input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation		<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	
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) or manager 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) or manager within the last year (in Colorado or any other state); Yes No (a) been denied a privileged license (ie: Liquor, Gaming, Racing or Marijuana)? <input type="checkbox"/> <input checked="" type="checkbox"/> (b) had a privileged license (ie: Liquor, Gaming, Racing or 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 or 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, the applicant's parent company or any other intermediary business entity ever been denied a Marijuana license, withdrawn a Marijuana license or had any disciplinary action taken against any Marijuana license that they have held in this or any other jurisdiction, foreign or domestic? 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. Within the past year, have there been any changes to the legal possession of the premises by virtue of ownership, lease or other arrangement? If you answered yes, explain in detail on another piece of paper and attach all NEW or UPDATED documentation (if not already provided this year) showing legal possession; deed, title, sale or lease agreements, lease amendments, lease extensions etc. Yes No <input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) <u>extension</u> (a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:					
Landlord 6795 E 49th LLC		Tenant Lifestyle Foods, Inc.		Expires 3/31/2021	

5. Is the licensed Medical Marijuana premises within 1000 feet of a school (as defined in 12-43.3 104 (15) C.R.S.), alcohol or drug treatment facility, principal campus of a college, university, or seminary, or a residential childcare facility? If "yes", then include a copy of a waiver or ordinance from the local jurisdiction where the business is located				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Has a Medical Marijuana Center license application (same license class), that was located within 1000 feet of the premises, been denied within the preceding year? If "yes" explain in detail.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. Within the last year, has there been a change in ownership or ownership allocation, a transfer of stock, a change in the corporate structure 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.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. In the past year, has the licensee (including all parent, subsidiary or affiliate companies, if any) filed for bankruptcy, been sued, had a civil judgment or 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, the United States government or the government of any other state. If yes, explain in detail on a separate sheet and attach copies of all available documentation.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9. List the full name and ownership percentage of every 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 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 Melissa H. Bradley		Title Owner		Own. % Business Associated with 100%	Effective Own. % in Applicant 100% MHB
Name		Title		Own. % Business Associated with	Effective Own. % in Applicant
Name		Title		Own. % Business Associated with	Effective Own. % in Applicant
Name		Title		Own. % Business Associated with	Effective Own. % in Applicant
Name		Title		Own. % Business Associated with	Effective Own. % in Applicant
10. 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
11. Has any debt been retired or eliminated since the last renewal submission? If yes, explain in detail and attach all documentation.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12. Have there been any material changes in financial position since the last renewal submission? If yes, explain in detail on a separate sheet and attach all documentation.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13. 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 on a separate sheet and attach all documentation.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
14. 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 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 on a separate sheet and attach all documentation.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
15. In the past year, has the licensee (including all parent, subsidiary or affiliate 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 include with your application. Provide official documentation from the court showing the final disposition for any felony charge or those related to a controlled substance.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
16. Are any owners renewing their Associated Key Licenses with this application? If yes, then each must submit the Owner/Associated Key Renewal Application (see website).				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Local Licensing Authority (To be filled out by licensee)					
Local Licensing Authority City of Commerce City			Address 7887 E. 60th Ave., Commerce City, CO 80022		
Local Licensing Authority contact name Laura Bauer		Contact Phone (303) 289-3676		Contact Email lbauer@c3gov.com	
Current License Status With Local Authority Current		Date of Approval 3/9/2016		Date of Expiration 10/30/2016	
17. Optional Premises Cultivation License (Medical Only)				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Does the licensee have an approved Optional Premises License(s)?				N/A	
What City or County? _____ OPC License # _____ Date of Expiration _____					
18. Does the Applicant have evidence of a good and sufficient bond in the amount of \$5,000.00 in accordance with 12-43.3-304 and 12-43.4-303 C.R.S.? (Include updated evidence with renewal application)				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
				N/A per HB 16-1041	

Affirmation & Consent

<p>I, <u>Melissa H. Bradley</u>, as an owner/principal for this licensee, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Business License Renewal Application Form, 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 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 a Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado 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 Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. 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 Colorado Marijuana License, and for 90 days following the expiration or surrender of such 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.</p>			
Print Full Legal Name of Owner/Principal clearly below:			
Applicant's Legal Business Name <u>Lifestyle Foods, Inc.</u>		Trade Name (DBA)	
Last Name of Owner/Principal (Please Print) <u>Bradley</u>	First Name of Owner/Principal <u>Melissa</u>	Middle Name of Owner/Principal <u>Heather</u>	
Signature <u>Melissa H. Bradley</u>		Date <u>9/16/16</u>	
State of <u>Colorado</u> , County of <u>Denver</u> Subscribed and sworn to (or affirmed)		Notary Seal <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RACHAEL ZEITZ ARDANUY NOTARY PUBLIC - STATE OF COLORADO My Identification # 20154049206 Expires December 29, 2019 </div>	
before me this <u>16</u> day of <u>September</u> , 20 <u>16</u> , in <u>Denver</u> <small>(City)</small>			
<u>Colorado</u> by <u>Melissa Bradley</u> <small>(State) (Applicant's Printed Name)</small>			
Signature of Notary Public <u>Rachael Z. Ardany</u>			
Printed Name of Notary Public <u>Rachael Z. Ardany</u>			
My Commission Expires <u>12-29-19</u>			
Signature of Marijuana Enforcement Division agent presenting this request			
Date			

Investigation Authorization Authorization to Release Information

I, Melissa H. Bradley, as an owner/principal for this licensee, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, 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 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 by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado 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 "non-public" under the provisions of state or federal laws. I understand 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 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 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 "non-public" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado 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 Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado 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 of Owner/Principal clearly below:

Applicant's Legal Business Name <u>Lifestyle Foods, Inc.</u>		Trade Name (DBA)	
Last Name of Owner/Principal (Please Print) <u>Bradley</u>	First Name of Owner/Principal <u>Melissa</u>	Middle Name of Owner/Principal <u>Heather</u>	
Title of Owner/Principal <u>Owner</u>	Signature <u>Melissa H. Bradley</u>	Date <u>9/16/16</u>	

State of Colorado County of Denver Subscribed and sworn to (or affirmed)

before me this 16 day of September, 2016, in Denver
(City)

Colorado by Melissa Bradley
(State) (Applicant's Printed Name)

Signature of Notary Public <u>Rachael Z. Ardany</u>	<div style="border: 2px solid black; padding: 5px; margin: 0 auto; width: 80%;"> RACHAEL ZEITZ ARDANY NOTARY PUBLIC - STATE OF COLORADO My Identification # 20154049206 Expires December 29, 2019 </div>
Printed Name of Notary Public <u>Rachael Z. Ardany</u>	
My Commission Expires <u>12-29-19</u>	
Signature of Marijuana Enforcement Division agent presenting this request	

Date



MARIJUANA ENFORCEMENT DIVISION - STATEMENT OF UNDERSTANDING

I understand I am responsible for knowing and complying with all state laws and regulations governing medical and retail marijuana pursuant to the Colorado Retail Marijuana Code, sections 12-43.4-101 *et seq.*, C.R.S. ("Retail Code") and the Colorado Medical Marijuana Code, sections 12-43.3-101 *et seq.*, C.R.S. ("Medical Code"), as well as the rules promulgated thereunder pursuant to 1 CCR 212-1 and 1 CCR 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, 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. MB (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. MB (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. MB (Rules M 302/R 302; subsections 12-43.3-310(8)(b) and 12-43.4-309(7)(b), C.R.S.)

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. MB (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. MB (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. MB (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. MB (Rules M 309/R 309)

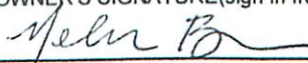
I understand that any medical marijuana and/or retail marijuana and/or infused product must meet the labeling and packaging requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code, and all rules or regulations promulgated in accordance with the Codes. MB (Rules M 1000 Series/R 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. MB (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. MB (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. MB (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 Lifestyle Foods, Inc.	BUSINESS LICENSE NUMBER
OWNER'S PRINTED NAME Melissa H. Bradley	OWNER'S SIGNATURE(sign in front of notary) / DATE 



COLORADO
Department of Revenue
Enforcement Division - Marijuana



MARIJUANA ENFORCEMENT DIVISION - STATEMENT OF UNDERSTANDING

AFFIDAVIT

State of Colorado

County of Denver

Subscribed and sworn to (or affirmed) before me this 16 day of September
20 16 in Denver, Colorado,
(City) (State)

by Melissa Bradley
Applicants Printed Name

(Seal)

Rachael Z. Ardany
Notary Public Signature

Rachael Z. Ardany
Printed Name of Notary Public

Notary Public, State of Colorado

My Commission Expires: 12-29-19

RACHAEL ZEITZ ARDANY
NOTARY PUBLIC - STATE OF COLORADO
My Identification # 20154049206
Expires December 29, 2019