

PETITION CONCERNING A NEW RETAIL RECREATIONAL MARIJUANA STORE

LICENSE

Applicant:

STARBUDS COMMERCE CITY, LLC.

Trade Name:

STARBUDS

Proposed Location

5844 DAHLIA STREET

COMMERCE CITY, COLORADO 80022

Application For:

A RETAIL RECREATIONAL MARIJUANA STORE LICENSE

Public Hearing before the City of Commerce City Local Licensing Authority

Date:

December 2, 2016

Time:

1:00 P.M.

Location:

Commerce City Civic Center

7887 E. 60th Avenue – Room 2108 Commerce City, Colorado 80022

INSTRUCTIONS AND QUALIFICATIONS FOR SIGNING THIS PETITION: DO NOT SIGN THIS PETITION UNLESS:

- 1. You are at least 21 years of age.
- 2. You RESIDE within the defined neighborhood designated on the attached map.

<u>OR</u>

- 3. If you do not reside within the defined neighborhood, you are the OWNER OR MANAGER of a business within the designated neighborhood. Please see attached map.
- 4. You sign your name only. Please sign your first name or first initial, middle name or middle initial (if appropriate) and last name in the presence of the petition circulator. No individual may sign for another individual.
- 5. You have not signed another petition concerning the same application.
- 6. You have read or had the opportunity to read the petition in its entirety and understand its meaning.

PETITION TO THE LOCAL LICENSING AUTHORITY

IF YOU <u>SUPPORT</u> THIS APPLICATION FOR A RETAIL RECREATIONAL MARIJUANA STORE LICENSE BECAUSE THE PRESENT OUTLETS ARE NOT SUFFICIENT FOR YOUR NEEDS, AND IT IS YOUR DESIRE THIS LICENSE BE ISSUED, PLEASE MARK AN "X" IN THE "<u>SUPPORT</u>" COLUMN.

IF YOU <u>OPPOSE</u> THIS APPLICATION FOR A RETAIL RECREATIONAL MARIJUANA STORE LICENSE BECAUSE THE PRESENT OUTLETS ARE SUFFICIENT FOR YOUR NEEDS, AND IT IS YOUR DESIRE THIS LICENSE NOT BE ISSUED, PLEASE MARK AN "X" IN THE "<u>OPPOSE</u>" COLUMN.

PETITION CONCERNING <u>A RETAIL RECREATIONAL MARIJUANA STORE LICENSE APPLICATION</u> APPLICANT: <u>STARBUDS COMMERCE CITY, LLC. TRADE NAME: STARBUDS</u> PROPOSED LOCATION: 5844 DAHLIA STREET, COMMERCE CITY, COLORADO 80022

he undersigned has read, or has had the oppo	ortunity to read, the petition in its entirety	and unders	tand its m	eaning.	
Signature-on top of line (First and Last Name)		Support	Oppose	Age	Date Signed
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Signature-on top of line (First and Last Name)		Support	Oppose	Age	Date Signed
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uire Petitioning Services, LLC	Page 3 of 3	Circulate	or's Initia	le· X	41

CIRCULATOR AFFIDAVIT

I	AARON	ROGNSTAD	, being over the age of twenty-one
years and be	eing first duly	sworn upon eath, dep	ose and state.
I wa	s the circulato	er of the petition attac	hed hereto and further assert that I
personally w	witnessed the p	placing of each signatu	ire on the attached petition. To the best o
my knowled	lge, each sign	ature is the signature	of the person whose name it purports to b
and each ac	ldress given o	pposite each name is	the true address of the person who signed
the petition.	Additionally	, every individual who	signed the attached petition represented
himself or h	erself to be ov	er the age of twenty-	one (21) and is either a resident or the
owner or ma	anager of a bu	siness in the neighbor	hood designated as the immediately
affected are	a. Further, ev	ery signer of the attac	thed petition was given the opportunity to
read, or had	read to them.	the petition in its ent	irety. Finally, every signer was given the
opportunity	to sign in su	pport of, or in opposit	ion to, the application and understood the
nature of th	e petition, and	thereby and voluntar	ily signed the petition without the
employment	t of any promi	ses, threats, force or i	nducements.
			(1)
		CIRCULATOR	
	GO1 OR 1 PC		CAROL JOHNSON
STATE OF COUNTY	COLORADO	hol) 55.	NOTARY PUBLIC STATE OF COLORADO
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Subscribed	and sworn to	before me this	day of Ovember, 2016
		C_{α}	rol Johns
		NOTARY PUB	LIC
My commis	ssion expires	7-14	-19
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