

Colorado Marijuana Licensing Authority

Business License Renewal Application

License Type (Check only ONE box per application. See website for fees and additional license type information)					
☐ Medical Marijuana Center (Select Type) ☐ Type 1 (Up to 300 patients) ☐ Type 2 (301 to 500 patients) ☐ Type 3 (501 or more patients) ☐ Medical Optional Premises Cultivation ☒ Medical Marijuana-Infused Products Manufacturer ☐ Medical Marijuana Testing Facility		☐ Affiliated Business ☐ Other: _____ ☐ Retail Marijuana Store ☐ Retail Marijuana Products Manufacturer ☐ Retail Marijuana Testing Facility		☐ Retail Marijuana Cultivation (Select Tier) ☐ Tier 1 (Up to 1800 plants) ☐ Tier 2 (1801 to 3600 plants) ☐ Tier 3 (3601 or 6000 plants) ☐ Tier 4 (6001 or 10200 plants) ☐ Tier 5 (10201 or 13800 plants) ☐ Tier 5+ (_____ plants in excess of 13801)	
Applicant's Legal Business Name (Please Print) Starbuds MIPS LLC			Marijuana License Number 404-00499		
Trade Name (DBA) (Provide Trade Name Registration)			Website Address		
Physical Address					
Street Address of Marijuana Business 9670 Dallas St, Units 5&6				Business Phone Number (303) 287-4633	
City Henderson	County Adams	State CO	ZIP 80640	Email Address ColoradoLED@yahoo.com	
Mailing Address (if different from Physical Address)					
Address 7030 E 46th Ave Dr, Unit F			City Denver		State CO
			ZIP 80216		
Primary Contact Person for Business Brian Ruden			Title Member		Primary Contact Phone Number (303) 359-1678
Primary Contact Address (city, state ZIP) 7030 E 46th Ave Dr, Unit F, Denver, CO 80216				Primary Contact Email ColoradoLED@yahoo.com	
Federal Taxpayer ID		Colorado Sales Tax License #		Entity ID Number shown on Secretary of State Registration	
Type of Business Structure					
☐ Sole Proprietorship ☐ C Corporation		☐ Partnership ☐ S Corporation		☐ Limited Partnership ☐ Publicly Traded Corporation	
☒ Limited Liability Company ☐ Trust ☐ 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 ☐ ☒
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)?					☐ ☒
(b) had a privileged license (ie: Liquor, Gaming, Racing or Marijuana) suspended or revoked?					☐ ☒
(c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing or Marijuana) license denied, suspended or revoked?					☒ ☐
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 ☒ ☐
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 ☐ ☒
☐ 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 9670 Dallas St LLC			Tenant Starbuds MIPS LLC		Expires 6/30/2021

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 ☐	No ☒
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 ☐	No ☒
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 ☐	No ☒
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 ☐	No ☒
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 Brian Ruden		Title Member		Own. % Business Associated with	Effective Own. % in Applicant 100%
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 ☐	No ☒
11. Has any debt been retired or eliminated since the last renewal submission? If yes, explain in detail and attach all documentation.				Yes ☐	No ☒
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 ☐	No ☒
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 ☐	No ☒
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 ☐	No ☒
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 ☒	No ☐
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 ☐	No ☒
Local Licensing Authority (To be filled out by licensee)					
Local Licensing Authority Commerce City			Address 7887 E 60th Ave, Commerce City, CO 80022		
Local Licensing Authority contact name Laura Bauer		Contact Phone (303) 289-3736		Contact Email lbauer@c3gov.com	
Current License Status With Local Authority Approved		Date of Approval MAY, 2016		Date of Expiration 11/4/2016	
17. Optional Premises Cultivation License (Medical Only)				Yes ☐	No ☒
Does the licensee have an approved Optional Premises License(s)?					
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 ☐	No ☒