



Individual History Record  
City of Trinidad, Colorado

CONFIDENTIAL INFORMATION  
NOT FOR PUBLIC DISCLOSURE

**PLEASE PRINT CLEARLY IN BLACK INK**

To be completed by each individual applicant, all general partners of a partnership, and limited partners owning 10% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 10% (or more) of the stock of such corporation; all limited liability company *MANAGING* members, and officers or other limited liability company members with a 10% (or more) ownership interest in such company and all managers and employees of a Medical Marijuana License.

**NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed. EVERY answer you give will be checked for its truthfulness. A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.**

1. Owner/Company Name M + M Distributing, LLC

2. D/B/A (Doing Business As) \_\_\_\_\_

3. Business address 422 N. Commercial ST., Trinidad, CO 81082

4. Business License # \_\_\_\_\_

5. Your Full Name (last, first, middle)  
DeAngelis, Geraldine, Marie

6. List any other names you have used  
Geri

7. Mailing address (If different from residence)  
\_\_\_\_\_

8. Phone  
[REDACTED]

9. List All Other Medical Marijuana Licenses issued to Applicant (Attach separate sheet if necessary)  
None

Location  
\_\_\_\_\_

10. Identify Medical Marijuana Optional Premise License, license number, and issuer of said license.  
None

11. List all residence addresses below. Include current and previous addresses for the past five years.

	STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current	<u>209 Estrella ST.</u>	<u>Trinidad, CO 81082</u>	<u>1966</u>	<u>2014</u>
Previous	_____	_____	_____	_____
	_____	_____	_____	_____

12. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary)

NAME OF EMPLOYER	ADDRESS (STREET, NUMBER, CITY, STATE, ZIP)	POSITION HELD	FROM	TO
None				
Italico LLC	209 Esteello ST, Trinidad CO 81082	Sec/Treas	2000	2014

13. List the name(s) of relatives working in or holding a financial interest in the Colorado Medical Marijuana Industry.

NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE
None			

14. Have you ever applied for, held, or had an interest in a State of Colorado Medical Marijuana License, or loaned money, furniture or fixtures, equipment or inventory, to any Medical Marijuana licensee? If yes, answer in detail.  YES  NO

\_\_\_\_\_

\_\_\_\_\_

15. Have you ever received a violation notice suspension or revocation, for a law violation, or have you applied for or been denied a Medical Marijuana License anywhere in the U.S.? If yes, explain in detail.  YES  NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Include all arrests. If yes, explain in detail; include date, charge and disposition.  YES  NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? If yes, explain in detail.  YES  NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license? If yes, explain in detail.  YES  NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I fully understand that the Trinidad Police Department conducts a background investigation of all applicants (using this application for its beginning point), who are being considered for a Medical Marijuana License. This investigation includes, but is not limited to, an investigation of past employment, financial stability, driving records and character. I hereby waive any and all rights that I may have to examine, review, or inspect any documents or information of whatever kind, form or nature, obtained in the course of the background investigation.

I hereby authorize any person who is contacted by the Trinidad Police Department's personnel to release any information to the Trinidad Police Department pertaining to the background investigation.

I also understand hereby that this application and any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals become, upon submission to the Trinidad Police Department, the property of the City of Trinidad, State of Colorado, and can not and will not be returned to me under any circumstances whatsoever, and will not be disclosed to me.

I authorize the Trinidad Police Department to release any information or documents collected during the application process to any person or entity lawfully empowered to obtain this information or documents.

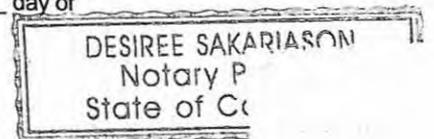
I further agree to release and hold harmless any person releasing such information to the Trinidad Police Department from any and all liability or claims that I may have against that person arising out of the release of such information.

I further agree to release and hold harmless the City of Trinidad, its elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Trinidad Police Department for use by the Trinidad Police Department in the consideration of my application for a Medical Marijuana License, the disclosure or release of any information or documents by the Trinidad Police Department or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

This Affidavit is made for purposes of inducing the Local Medical Marijuana Licensing Authority of the City of Trinidad, Colorado, to approve the aforementioned Medical Marijuana license application. This Affidavit is made with the knowledge and consent by me; and if this Affidavit for any reason proves to be false, the Trinidad Medical Marijuana Authority may revoke the license previously issued to me in reliance upon this Affidavit and said revocation may be accomplished without the necessity of any hearing.

Geraldine DeAngelis  
Signature of Applicant

The foregoing Affidavit was subscribed and sworn to before me this 3 day of April, 2014 by Geraldine DeAngelis



Witness my hand and official seal.

My commission expires 10/15/2015

Desiree Sakariason  
Notary Public

**Owner/Manager Approval (Required)**

I, Geraldine DeAngelis, Owner/Manager of M+M Distributing, LLC  
Owner or Manager's Name Printed Here Business Name Printed Here

acknowledge and approve the submittal of an application for Geraldine DeAngelis  
Applicant's Printed Name Here

DATE 06/04/2014

PD TRINIDAD  
2309 E MAIN ST  
TRINIDAD, CO 81082

RE: MICHELIZA, JOHN EVERETT  
SOC: [REDACTED]

DATE OF BIRTH: [REDACTED]

No Colorado record of arrest has been located based on above name and date of birth or through a search of our fingerprint files.

The Colorado Bureau of Investigation's database contains detailed information of arrest records based upon fingerprints provided by Colorado law enforcement agencies. Arrests which are not supported by fingerprints will not be included in this database. On occasion the Colorado criminal history will contain disposition information provided by the Colorado Judicial system. Additionally, warrant information, sealed records, and juvenile records are not available to the public.

Since a record may be established after the time a report was requested, the data is only valid as of the date issued. Therefore, if there is a subsequent need for the record, it is recommended another check be made.

Falsifying or altering this document with the intent to misrepresent the contents of the record is prohibited by law and may be punishable as a felony when done with intent to injure or defraud any person.

Sincerely,  
Ronald C. Sloan, Director  
Colorado Bureau of Investigation

FEDERAL BUREAU OF INVESTIGATION - CJIS DIVISION

CIVIL APPLICANT RESPONSE

A SEARCH OF THE FINGERPRINTS ON THE INDIVIDUAL HAS REVEALED NO PRIOR ARREST.

ICN:	E201415500000078349
OCA:	CO0360100
Name:	MICHELIZA, JOHN EVERETT
Date of Birth:	[REDACTED]
Sex:	M
Race:	[REDACTED]
Height:	6'01"
Weight:	285
SSN:	[REDACTED]
Misc ID:	
Captured Date:	06/02/2014
Submitted Date:	06/04/2014

DATE 06/04/2014

PD TRINIDAD  
2309 E MAIN ST  
TRINIDAD, CO 81082

RE: DEANGELIS, GERALDINE MARIE  
SOC: [REDACTED]

DATE OF BIRTH: [REDACTED]

No Colorado record of arrest has been located based on above name and date of birth or through a search of our fingerprint files.

The Colorado Bureau of Investigation's database contains detailed information of arrest records based upon fingerprints provided by Colorado law enforcement agencies. Arrests which are not supported by fingerprints will not be included in this database. On occasion the Colorado criminal history will contain disposition information provided by the Colorado Judicial system. Additionally, warrant information, sealed records, and juvenile records are not available to the public.

Since a record may be established after the time a report was requested, the data is only valid as of the date issued. Therefore, if there is a subsequent need for the record, it is recommended another check be made.

Falsifying or altering this document with the intent to misrepresent the contents of the record is prohibited by law and may be punishable as a felony when done with intent to injure or defraud any person.

Sincerely,  
Ronald C. Sloan, Director  
Colorado Bureau of Investigation

NAME: DEANGELIS, GERALDINE MARIE  
CBI PCN: 014C0000175293  
STATE ID NUMBER: CO2996150  
FBI PCN: E201415500000099161  
FBI NUMBER:  
DATE OF BIRTH: 19470207  
SSN: [REDACTED]  
DCL:  
REASON FOR REJECTION: L0008 - The quality of the characteristics is too low to be used .



## Trinidad Police Department

2309 E Main St.

Trinidad, Co 81082

(719) 846-4441 (719) 846-3728 (fax)

To Audra Garrett, City Clerk  
From Det Sgt Phil Martin  
June 24, 2014

A handwritten signature in black ink, appearing to be 'Phil Martin', is written over the text of the letterhead.

RE: M&M Distributing LLC John E Micheliza and Geraldine DeAngelis

To whom it may concern:

In reference to the above listed applicants, the Trinidad Police Department conducted a check of various public access data bases and found nothing to indicate any concerns in regard to the applicants

If further information is required, please feel free to contact this agency



# COLORADO BUSINESS MEDICAL MARIJUANA LICENSE APPLICATION

Marijuana Enforcement Division

## Colorado Marijuana Enforcement Division

### Business License Application Instructions

### **APPLICATION CHECKLIST**

- 1 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 you are unsure if a question applies to you or what information the form is asking you to provide, contact any Marijuana Enforcement Division office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

- 2 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 top two lines of form blank)

- 3 All Requested Information Attached**  
The following information requested on the application must be attached, if applicable:
- Trade Name Registration
  - Certificate of Good Standing from the Colorado Secretary of State's Office
  - Certified Copy of Articles of Incorporation, including amendments for corporations
  - Articles of Organization, including amendments and operating agreement for LLC
  - Partnership Agreement, or operating/shareholder agreements
  - If corp., annual and bi-annual reports and meeting minutes from past 12 months
  - All applicable information requested on page 4
  - Documentation showing legal possession of the premise to be licensed
  - Diagram of premise to be licensed (described on page 2, question 6) including security drawing
  - Copies of notes, security instruments, etc., (detailed on page 2, question 7 and page 4, question 11)
  - Explanation detailing the funding sources used to finance the applicant business
  - List of financial institution accounts as detailed on page 4, question 10
  - Copy of current bond

**NOTE:** The Marijuana Enforcement Division reserves the right to request additional information and documentation throughout the course of the background investigation.

- 4 Applications For Associated Persons Attached**  
Submit the following: (1) Associated Key License Form (DR 8520) for any person holding an ownership interest, and/or officers and directors, regardless of ownership interest, if any.

- 5 Application and License Fees**  
See fee table on website.

- 6 Bring in Application (BY APPOINTMENT ONLY)**  
Bring in application and all attachments to: Marijuana Enforcement Division  
455 Sherman Street, Suite 390  
Denver, CO 80203

## Colorado Marijuana Licensing Authority Business License Application

License Types & Fees (Check only one application type. See Application Checklist for details on license types and fees.)			
<input type="checkbox"/> Medical Marijuana Center (Type 1*) <input checked="" type="checkbox"/> Medical Marijuana Center (Type 2*) <input type="checkbox"/> Medical Marijuana Center (Type 3*)	<input type="checkbox"/> Medical Marijuana-Infused Products Manufacturer: *Type 1=300 or fewer patients, *Type 2=301 to 500 patients; *Type 3=501 or more patients Fill out a separate Appendix A form (DR 8544) for each optional premise cultivation license you are applying for.		
Applicant's Legal Business Name (Please Print) <i>M + M Distributing, LLC</i>		Medical Marijuana License Number (Assigned by Division)	
Trade Name (DBA) (Provide Trade Name Registration)		Website Address	
Physical Address			
Street Address of Medical Marijuana Business (Use Appendix A for Optional Premises Cultivation Information) <i>422 N. Commercial</i>			City <i>Trinidad</i>
			State <i>CO</i>
			ZIP <i>81082</i>
Business Phone Number [REDACTED]	Business Fax Number [REDACTED]	Email Address [REDACTED]	
Mailing Address (if different from Business Address)			
Address <i>44910 County Road 40</i>		City <i>Trinidad</i>	State <i>CO</i>
		ZIP <i>81082</i>	
<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 <i>John E. Micheliza</i>		Title <i>President</i>	Primary Contact Phone Number [REDACTED]
Primary Contact Address (city, state ZIP) <i>44910 County Road 40, Trinidad, CO 81082</i>		Primary Contact Fax Number [REDACTED]	
Federal Taxpayer ID [REDACTED]	Colorado Sales Tax License # [REDACTED]	Email Address [REDACTED]	
Type of Business Structure			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Trust <input type="checkbox"/> Other
State of Incorporation or Creation of Business Entity <i>Colorado</i>			Date <i>3/5/2014</i>
Date of Qualification to Conduct Business in Colorado (Provide Certificate of Good Standing from the Colorado Secretary of State's Office) <i>3/5/2014</i>			
If a Corporation, List all States Where the Corporation is Authorized to Conduct Business <i>N/A</i>			
List all Trade Names used by the Business Entity (other than above) <i>N/A</i>			
Attach certified 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.			
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.			

1. Is the applicant (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 applicant (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 ever (in Colorado or any other state);  
 (a) been denied a privileged license (ie: Liquor, Gaming, Racing and Medical Marijuana)?    
 (b) had a privileged license (ie: Liquor, Gaming, Racing and Medical Marijuana) suspended or revoked?    
 (c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing and Medical Marijuana) license denied, suspended or revoked?    
 If you answered yes to 2a, b or c, explain in detail on a separate sheet.

3. Are the premises to be licensed 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.

4. Has a Medical Marijuana license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If YES, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.

5. Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession. Deed, Title, sale or lease agreements etc.  
 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 <i>See attachment</i>	Tenant	Expires <i>3/11/2016</i>
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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". (It does not have to be to scale)

6. 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.

Name	Date of Birth	FEIN OR SSN	Interest
<i>N/A</i>			

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.

**Local Licensing Authority/Department**

Local Licensing Authority/Department <i>Audrea Garrett</i>	Address <i>135 No. Animos St. Trinidad, CO</i>	
Local Licensing Authority contact name <i>Audrea Garrett</i>	Contact Phone <i>719-846-9843</i>	Contact Email <i>audrea.garrett@trinidad.co.gov</i>
Date of application with local authority	Date of approval from local authority, if any	

Are you requesting a concurrent review?  Yes  No

7. Optional Premises Cultivation License  
 Has the Applicant filed for an Optional Premises License? Yes No

What City or County? (Fill out Appendix A completely)  
*Trinidad, CO 81082*

8. Does the Applicant have evidence of a good and sufficient bond in the amount of \$5000.00 in accordance with 12-43.4-304 C.R.S. (Include evidence with application)?

Printed Legal Business Name <i>M+M Distributing, LLC</i>	Printed Trade Name (DBA)
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**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 or a publicly traded corporation, and all officers and directors.

Name <i>John E. Micheliza</i>		Title <i>Pres.</i>		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address <i>44910 Co. Road 40</i>		City <i>Trinidad</i>	State <i>CO</i>	ZIP <i>81082</i>	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) <i>m+m Distributing, LLC</i>			Own. % Business Associated with <i>Geraldine DeAngelis</i>		Effective Own. % in Applicant <i>50%</i>	
Name <i>Geraldine M. DeAngelis</i>		Title <i>Sec / Treas</i>		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address <i>209 Estrella ST</i>		City <i>Trinidad</i>	State <i>CO</i>	ZIP <i>81082</i>	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) <i>m+m Distributing, LLC</i>			Own. % Business Associated with <i>John Micheliza</i>		Effective Own. % in Applicant <i>50%</i>	
Name		Title		SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	
Name		Title		SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	
Name		Title		SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	
Name		Title		SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	
Name		Title		SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	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 <i>MJM Distributing, LLC</i>		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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. 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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<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 or tax liabilities due to any governmental agency anywhere? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Has the applicant, the applicant's parent company or any other intermediary business entity filed a bankruptcy petition in the past 5 years, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. 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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, 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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. 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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past two years?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. 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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. 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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. 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.			
10. 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 <i>Geraldine DeAngelis</i>		Title <i>Sec / Treas</i>	
Address <i>209 Estrella ST, Trinidad CO 81082</i>		Phone Number [REDACTED]	
Person who prepares Applicant's tax returns, government forms & reports <i>Ortiz Tax Service (Tom Ortiz)</i>		Title	
Address <i>15801 Hwy 239, Trinidad, CO 81082</i>		Phone Number [REDACTED]	
Location of financial books and records for Applicant's business <i>209 Estrella, Trinidad, CO 81082</i>			

## Affirmation & Consent

I, John E. Micheliza, as an authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Medical Marijuana Business License 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 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 a temporary Medical 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 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 Agent Name clearly below:**

Applicant's Business Name M & M Distributing, LLC		Trade Name (DBA)
Legal Agent Last Name (Please Print) Micheliza	Legal Agent First Name John	Legal Agent Middle Name Everett
Signature 		Date 3-12-14

## Investigation Authorization Authorization to Release Information

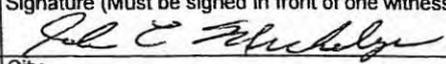
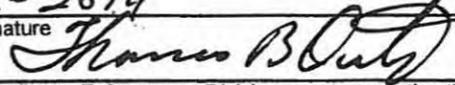
I, John E. Micheliza, as an authorized agent for the applicant, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem 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 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 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 "nonpublic" under the provisions of state or federal 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 state or federal 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 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 Authorized Agent clearly below:**

Applicant's Business Name M & M Distributing, LLC		Trade Name (DBA)
Legal Agent Last Name (Please Print) Micheliza	Legal Agent First Name John	Legal Agent Middle Name Everett
Legal Agent Title President	Signature (Must be signed in front of one witness) <i>John E. Micheliza</i>	
Date (MM/DD/YYYY) 03-12-2014	City Trinidad	State Colo.
Witness 1 Signature <i>James B. [Signature]</i> 3-12-14		

## Applicant's Request to Release Information

TO:	FROM: (Applicant's Printed Name)	
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. I/We hereby authorize and request the Colorado 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.</li> <li>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 no 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.</li> <li>5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado 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:             <ol style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(c) To place the name of the agent presenting this request in the appropriate location on this request.</li> </ol> </li> <li>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.</li> <li>7. This power of attorney ends twenty-four (24) months from the date of execution.</li> <li>8. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Medical 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.</li> <li>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.</li> <li>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.</li> <li>11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.</li> </ol>		
<b>Print Full Legal Name of Authorized Agent clearly below:</b>		
Legal Agent Last Name (Please Print) Micheliza	Legal Agent First Name John	Legal Agent Middle Name Everett
Legal Agent Title President	Signature (Must be signed in front of one witness) 	
Date (MM/DD/YYYY) 03-12-2014	City Tawhid	State Colo.
Witness 1 Signature 		Date 3-12-2014
Signature of Marijuana Enforcement Division agent presenting this request		Date

**Lease**

**Landlord**      John E. Micheliza  
                     Geraldine DeAngelis

Nicholas Reyes  
Michael Reyes  
Alicia Reyes  
Trustees of the Judith A. Reyes Revocable Trust, U/T/D May 24, 2007

**Tenant**        M & M Distributing, LLC

**Expires**        March 11, 2016

9) International Bank  
320 N. Convent  
Trinidad, CO 81082  
719-846-1600

#



## Appendix A

Colorado Marijuana Licensing Authority

### Optional Premise 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) <i>M → M Distributing, LLC</i>		Marijuana License Number (Assigned by Division)	
Trade Name (DBA) (Provide Trade Name Registration)		Website Address	
<b>Physical Address</b>			
Street Address of Optional Premises Cultivation <i>422 N. Commercial ST</i>		City <i>Trinidad</i>	State ZIP <i>CO 81082</i>
Business Phone Number	Home Phone Number	Email Address	
[REDACTED]			
<b>Mailing Address (if different from Business Address)</b>			
Address <i>44910 Co Road 40</i>		City <i>Trinidad</i>	State ZIP <i>CO 81082</i>
<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 <i>John Micheliza</i>		Title <i>President</i>	Primary Contact Phone Number
Primary Contact Address (city, state ZIP) <i>44910 Co Road 40, Trinidad CO 81082</i>		Primary Contact Fax Number	
[REDACTED]		[REDACTED]	
Federal Taxpayer ID	Colorado Sales Tax License #	Email Address	
[REDACTED]	[REDACTED]	[REDACTED]	
Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement? <input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> 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 <i>See attachment</i>	Tenant	Expires <i>3/11/2016</i>	
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.			
Name	Date of Birth	FEIN or SSN	Interest
<i>N/A</i>			
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/Department <i>Audra Garrett City Clerk</i>		Address <i>135 N. Animas St., Trinidad, CO 81082</i>	
Local Licensing Authority contact name <i>Audra Garrett</i>		Contact Number <i>719-846-9843</i>	Contact Email <i>audra.garrett@Trinidad, CO</i>
Date of application with local authority <i>5/14/2014</i>		Date of approval from local authority, if any	
Are you requesting a concurrent review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Lease

Landlord

John E. Micheliza  
Geraldine DeAngelis

Nicholas Reyes  
Michael Reyes  
Alicia Reyes  
Trustees of the Judith A. Reyes Revocable Trust, U/T/D May 24, 2007

Tenant

M & M Distributing, LLC

Expires

March 11, 2016



# **COLORADO ASSOCIATED PERSON & ASSOCIATED KEY MEDICAL MARIJUANA LICENSE APPLICATION**

Medical Marijuana Enforcement Division

# Colorado Medical Marijuana Enforcement Division

## Associated Person & Associated Key Application Instructions

### APPLICATION CHECKLIST

- 1 License Types** (Check on One, and Only One, of the following Types)  
Associated Person: Any stockholder holding an interest in a medical marijuana licensee, or any officer or director, who does not act as a Key executive, employee or agent.  
Associated Key: Any stockholder holding an interest in a medical marijuana licensee, or any officer or director, who also acts as a Key executive, employee or agent while physically working in a licensed establishment, Optional Premises or Infused Products Manufacturer location.
- 2 Application Completed & Signed**  
Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact any Medical Marijuana Enforcement Division office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application.  
**Notice**: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement (available at any Medical Marijuana Enforcement Division office) stating you do not have a social security number.
- 3 Fingerprint Card & Verification of Fingerprints**  
Ensure the fingerprint card is filled out completely and signed.  
  
**Medical Marijuana Enforcement Offices can Perform fingerprinting service.**
- 4 Bring in Application**  
You must call to make an appointment and bring in application and all attachments to:  
Medical Marijuana Enforcement Division  
455 Sherman Street, Suite 390  
Denver, CO 80203

Medical Marijuana License Number (Leave Blank)

## Associated Person & Associated Key License Application Form

License Types (Check only one application type. See Application Checklist for details on license types.)						<input type="checkbox"/> Associated Person <input checked="" type="checkbox"/> Associated Key
Applicant's Last Name (Please Print) <i>Micheliza</i>		First Name (Please Print) <i>John</i>			Middle Name <i>Everett</i>	
Name of Medical Marijuana Licensee Associated With <i>m+m Distributing, LLC</i>		Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary) <i>N/A</i>		Nicknames, Ailases, Etc. Used (Full Name) (Attach separate sheet if necessary) <i>N/A</i>		
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Race [REDACTED]	Date of Birth [REDACTED]	Social Security Number [REDACTED]		Other Social Security Numbers Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes attach details.	
Place of Birth: City <i>Trinidad</i>		State <i>CO</i>	Country <i>USA</i>		Drivers License Number and State [REDACTED]	
Physical Appearance →		Height [REDACTED]	Weight [REDACTED]	Hair Color <i>BRN</i>	Eye Color <i>GRN</i>	Scars/Tattoos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes explain on a separate sheet
U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CO Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Residency <i>9/1945</i>	*If "No", include details here: (Attach separate sheet if necessary)		Alien Registration Number	
Physical Address						
Address <i>44910 Co Rd 40</i>		City <i>Trinidad</i>		County <i>Los Animas</i>	State <i>CO</i>	ZIP <i>81082</i>
Length of time at this Address: Year(s) <i>14</i> Month(s) <i>0</i>		Home Phone Number [REDACTED]		Cell Phone Number [REDACTED]		Email Address <i>N/A</i>
Mailing Address (if different from Physical Address)						
Address <i>N/A</i>		City		State	ZIP	
List all addresses where you have lived during the last 10 years, not including present address, (attach separate sheet if necessary)						
Street and Number		City/State/ZIP		From	To	
<i>N/A</i>						
Name of licensed Medical Marijuana business where you will be working <i>m+m Distributing, LLC</i>			Work Phone Number [REDACTED]		Job Title <i>CEO - President</i>	
Name of present employer, if different from above <i>None</i>			Work Phone Number <i>N/A</i>		Occupation or Job Title <i>( )</i>	
Do you currently possess a Colorado support Medical Marijuana license or are you an associated person in any other type of Colorado Medical Marijuana license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If "Yes", indicate license type and number here: _____						
Have you ever applied before for a Medical Marijuana license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? (Not including a medical marijuana patient card) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If "Yes", explain here: _____						
Have you ever been denied a Medical Marijuana license, withdrawn a Medical Marijuana license application or had any disciplinary action taken against any Medical Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If "Yes", explain here: _____						
Applicant's Signature <i>John C Micheliza</i>					Date <i>3/10/14</i>	

John E. Micheliza

Page 1

Had left and right knee replacement. Scars are on both knees.

Scar on left elbow from surgery

Applicant's Last Name (Please Print) <i>Micheliza</i>	First Name (Please Print) <i>John</i>	Middle Name <i>Everett</i>
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**NOTICE:** The Associated Person & Associated Key License Application Form is an official document. If you provide false information on your Medical Marijuana license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The Medical Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information.

If you need clarification of any of the following questions, please contact the Investigations Section at any Medical Marijuana Enforcement Division office.

1. Have you ever been convicted of a felony at anytime regarding the possession, distribution, or use of a controlled substance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you served a sentence, including probation or parole, within the past 5 years upon conviction for any felony, even if the conviction occurred more than 5 years ago?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you failed to remedy an outstanding delinquency for taxes owed, an outstanding delinquency for judgements owed to a government agency, or an outstanding delinquency for child support?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are you a licensed Physician making patient recommendations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you had your authority to act as a primary caregiver revoked by the State Health Agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Are you under 21 years of age at the time of this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Are you the spouse or child living in the household of any person employed by the Colorado Medical Marijuana Enforcement Division?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Are you an officer, reserve police officer, agent, or employee of any law enforcement agency of the State of Colorado?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Medical Marijuana license.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Medical Marijuana license if at any time in the future I can ever answer "Yes" to any of the questions above.	
Applicant's Signature <i>John &amp; Micheliza</i>	Date <i>3/10/14</i>

Applicant's Last Name (Please Print) <i>Micheliza</i>	First Name <i>John</i>	Middle Name <i>Everett</i>
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Education				
High School Name <i>Trinidad High School</i>		Location <i>Trinidad, CO 81082</i>		
Major	Dates Attended From	To	Graduate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned <i>AA</i>
College/Vo-Tech Name (Submit diploma copy) <i>Trinidad State Jr. College</i>		Location <i>Trinidad, CO 81082</i>		
Major <i>Liberal Arts</i>	Dates Attended From <i>1963</i>	To <i>1965</i>	Graduate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned <i>AA</i>
Other College/School Name (Submit diploma copy)		Location		
Major	Dates Attended From	To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned
Other College/School Name (Submit diploma copy)		Location		
Major	Dates Attended From	To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned

### Criminal History

- Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, or use of a controlled substance?  Yes  No
- In the last 10 years have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?  Yes  No
  - You must include ALL arrests, charges, and convictions in the last 10 years but not prior to the age of 18 regardless of the outcome, even if the charges were dismissed or you were found not guilty.
  - You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).
  - You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody.
  - NOTICE: Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action. If yes, give details below. List all cases without exception, including bankruptcies:

\*If you answered YES, explain in detail on a separate sheet and attach it to your application. For each offense for which you were arrested or charged, YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE. This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.
- Have you ever received a pardon or its equivalent for any criminal offense in this or any other country?  Yes  No
- Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?  Yes  No

\*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.

Applicant's Initials *JME*

Applicant's Last Name (Please Print) <i>Micheliza</i>	First Name <i>John</i>	Middle Name <i>Everett</i>
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DR 8521 (06/28/12)  
 COLORADO DEPARTMENT OF REVENUE  
 MEDICAL MARIJUANA ENFORCEMENT DIVISION

## ARREST DISCLOSURE FORM

If, since turning age 18, you have ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution or use of a controlled substance, you must disclose this information to the Medical Marijuana Enforcement Division. If you have been arrested in the past 10 years, given a summons, or been convicted of any offense, you must disclose this information to the Medical Marijuana Enforcement Division.

Any person licensed by the Medical Marijuana Enforcement Division, and any associated person to a licensee, must make written notification to the Division's office of any criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

### Please List Each Offense Separately

<b>1</b>	Date of Offense <i>N/A</i>	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		

<b>2</b>	Date of Offense <i>N/A</i>	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		

Printed Name <i>John E Micheliza</i>	Medical Marijuana License Number
Signature <i>John E Micheliza</i>	Date <i>3-10-14</i>

Applicant's Last Name (Please Print) <i>Micheliza</i>	First Name <i>John</i>	Middle Name <i>Everett</i>
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DR 8521 (06/28/12)  
 COLORADO DEPARTMENT OF REVENUE  
 MEDICAL MARIJUANA ENFORCEMENT DIVISION

## ARREST DISCLOSURE FORM

(Continued)

Please List Each Offense Separately

<b>3</b>	Date of Offense <i>N/A</i>	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		

<b>4</b>	Date of Offense <i>N/A</i>	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		

Printed Name <i>John E Micheliza</i>	Medical Marijuana License Number
Signature <i>John E Micheliza</i>	Date <i>3-10-14</i>

Applicant's Last Name (Please Print) <i>Micheliza</i>	First Name <i>John</i>	Middle Name <i>Everett</i>
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### Employment and Business Association History

Beginning with your current employment, list all jobs you have held in the past 10 years, but not prior to age 18. Also, list all businesses with which you have been associated, including all corporations, partnerships or any other business ventures with which you have been associated, including as an officer, director, stockholder, partner, limited partner, member, or in any other related capacity.

Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
<i>M M Distributing Co. of Trinidad</i>	<i>1973-2000</i>	<i>President</i>		<i>Sdd Business</i>
Address (include ZIP code)			<i>81082</i>	Supervisor's Name
<i>422 N. Commercial Trinidad, CO</i>				
<i>M v M Distributing Co</i>	<i>1967-1973</i>	<i>DRIVER Salesman</i>		<i>\$</i>
Address (include ZIP code)			<i>81082</i>	Supervisor's Name
<i>422 N. Commercial Trinidad, CO</i>				
<i>Italico, LLC</i>	<i>12/2000-2014</i>	<i>President</i>		
Address (include ZIP code)			<i>81082</i>	Supervisor's Name
<i>209 Estrella ST. Trinidad Co.</i>				
<i>Mitchi Relanding Supply</i>	<i>1985-1985?</i>	<i>owner</i>		<i>New Fed. Regulation</i>
Address (include ZIP code)				Supervisor's Name
<i>422 N Commercial St Trinidad, CO</i>				
<i>D+M Ice Co</i>	<i>1989 to 1999</i>	<i>Partner</i>	<i>Ice distribution</i>	<i>Disagreement - Partners</i>
Address (include ZIP code)			<i>81082</i>	Supervisor's Name
<i>206 N. Maple St. Trinidad, Colo.</i>				
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
Address (include ZIP code)				Supervisor's Name

### Character References

List three character references who have known you five or more years. Do not include relatives, present employer, or employees.

1	Last Name	First Name	Middle Name	Residence Phone
	<i>De Arbo</i>	<i>Joe</i>		[REDACTED]
Years Known	Address	City	State	ZIP
<i>14</i>	[REDACTED]	<i>Trinidad</i>	<i>Colo</i>	<i>81082</i>
Employer	Address			Business Phone
<i>International Bank</i>	<i>320 N Convent</i>			<i>(719) 846-1600</i>
	City	State	ZIP	
	<i>Trinidad</i>	<i>Colo</i>	<i>81082</i>	
2	Last Name	First Name	Middle Name	Residence Phone
	<i>Plant</i>	<i>Brett</i>		[REDACTED]
Years Known	Address	City	State	ZIP
<i>15</i>	[REDACTED]	<i>Trinidad</i>	<i>Co</i>	<i>81082</i>
Employer	Address			Business Phone
<i>Trinidad Insurance</i>	<i>417 University St</i>			<i>(819) 846-6620</i>
	City	State	ZIP	
	<i>Trinidad</i>	<i>Colo</i>	<i>81082</i>	
3	Last Name	First Name	Middle Name	Residence Phone
	<i>Terry</i>	<i>Joe</i>		[REDACTED]
Years Known	Address	City	State	ZIP
<i>30</i>	[REDACTED]	<i>Trinidad</i>	<i>Colo</i>	<i>81082</i>
Employer	Address			Business Phone
<i>Toni's Hallmark</i>	<i>535 E MAIN ST</i>			<i>(719) 846-3544</i>
	City	State	ZIP	
	<i>Trinidad</i>	<i>Colo</i>	<i>81082</i>	

Applicant's Last Name (Please Print) <i>Micheliza</i>	First Name <i>John</i>	Middle Name <i>Everett</i>
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Financial History		
1.	Are you delinquent in the filing of any tax return with any taxing agency anywhere?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Are you delinquent in the payment of any judgments due to any governmental agency anywhere?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Are you delinquent in the repayment of any government-insured student loans?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	Are you delinquent in the payment of any child support?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Check any of the following privileged or professional licenses you have held individually or as part of an ownership group in this state or any other domestic or foreign jurisdiction:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Liquor <input type="checkbox"/> Real Estate Broker/Sales <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Physician <input type="checkbox"/> Insurance <input type="checkbox"/> Racing <input type="checkbox"/> Lottery <input type="checkbox"/> Securities Dealer <input type="checkbox"/> Other _____	
7.	Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action taken against any such license that you have held, either individually or as part of an ownership group?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Have you, as an individual, principal of any form of business entity, or as an owner, officer or director of a corporation, ever filed a bankruptcy petition, had such a petition filed against you or the business entity or the corporation; or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for you or the business entity or corporation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Do you now own, have ever owned, or otherwise derive a benefit from assets held outside the United States, whether held in your own name or another name, on your behalf or for another person or entity, or through other individuals or business entities, or in trust, or in any other fashion or status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Are you currently a party, or ever been a party, in any capacity, to any trust instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against you or a business entity of which you were a principal or against a corporation for which you were an owner, officer or director.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>*If you answered YES to any of the questions above or checked any boxes above, give details on separate sheet, including license number and dates license held for licenses marked on question 6. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.</p>		

Applicant's Initials *JEM*

Item #6

1973-2000 President M & M Distributing Co. of Trinidad

Wine and Malt Beverage Distributor

3 Warehouse Locations

Basic Permit Numbers

Trinidad, CO	COLO-P-2635	Nov. 3, 1982	- 2000
Alamosa, CO	CO-P-2684	Nov. 3, 1982	- 2000
Lamar, CO	CO-P-02927	Feb. 28, 1995	- 2000

TRUSTS #10

(Personal)

Micheliza Family Inter vivos Trust June 19, 1997

[REDACTED]

John E. Micheliza and Johnabelle Micheliza Revocable Trust May 22, 2007

Amended-Divorce May 28, 2013

[REDACTED]

Applicant's Last Name (Please Print) <i>Micheliza</i>	First Name <i>John</i>	Middle Name <i>Everett</i>
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**Personal Financial**

1. Annual Income

Salary (Source): <i>Social Security</i>	\$	[REDACTED]
Salary (Source): <i>midland Natl Life INS. Annuity</i>	\$	[REDACTED]
Interest (Source): <i>Metropolitan Life</i>	\$	[REDACTED]
Interest (Source): <i>New York Life, MET Life, Century Savings</i>	\$	[REDACTED]
Dividends (Source): <i>National Financial Services</i>	\$	[REDACTED]
Dividends (Source): _____	\$	_____
Other (Source): <i>Federal Aviation Admin.</i>	\$	[REDACTED]
Other (Source): _____	\$	_____
TOTAL		\$ [REDACTED]

Please submit all executed agreements or documents that grant you any right to any percent of ownership or percent of income from the Colorado Medical Marijuana business with which you are associated.

2. Amount to be invested in business: \_\_\_\_\_ \$ 120,000.00

3. Percentage of ownership this amount represents: \_\_\_\_\_ 50 %

4. Investment will be derived from the following sources:  
Personal Finances  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Has your interest in this Medical Marijuana establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole?  Yes  No

If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Initials JEM



## AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, John F. Micheliza, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

*John F. Micheliza*

Date

3-10-14

## Affirmation & Consent

I, John E. Micheliza, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Associated Person & Associated Key License 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 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 a temporary Medical Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Medical 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. 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 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 your Full Legal Name clearly below:

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Micheliza	John	Everett
Signature	Date	
<i>John E. Micheliza</i>	3/10/14	

## Investigation Authorization Authorization to Release Information

I, John E. Micheliza, hereby authorize the Colorado Medical Marijuana Licensing Authority, the Medical 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 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 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 "nonpublic" under the provisions of state or federal 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 state or federal 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 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 your Full Legal Name clearly below:

Legal Last Name (Please Print) <u>Micheliza</u>	Legal First Name <u>John</u>	Legal Middle Name <u>Everett</u>
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Signature (Must be signed in front of a witness)

John E. Micheliza

Dated this 10 day of March, 20 14, at 5:25 PM  
(day) (month) (year) (time)

Trinidad, Colo  
(city) (state)

Diana J. Connell

Witness Signature

## Applicant's Request to Release Information

TO: \_\_\_\_\_

FROM: (Applicant's Printed Name) John Micheliza

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 Medical 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 Medical 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 Colorado Department of Revenue to permit a duly appointed agent of the Medical 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 Medical 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 Colorado Medical 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 Colorado Medical Marijuana Licensing Authority an application for a Medical 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 Last Name (Please Print) <u>John E Micheliza</u>	First Name <u>John</u>	Middle Name <u>Everett</u>
Signature (Must be signed in front of a witness) <u>John E Micheliza</u>		
Dated this <u>10<sup>th</sup></u> (day) day of <u>March</u> (month), 20 <u>14</u> (year), at <u>1:00</u> (time) <u>Trinidad</u> (city), <u>CO</u> (state) <u>81082</u>		
Witness Signature <u>Thomas B. [Signature]</u>		
Spouse's Last Name (Please Print) <u>N/A</u>	Spouse's First Name	Middle Name
Spouse's Signature (Must be signed in front of a witness)		
Dated this _____ (day) day of _____ (month), 20 _____ (year), at _____ (time) _____ (city), _____ (state)		
Witness Signature		
Signature of Medical Marijuana Enforcement Division agent presenting this request		Date

# STATE OF COLORADO

DEPARTMENT OF REVENUE  
Medical Marijuana Enforcement Division



John W. Hickenlooper  
Governor

Barbara J. Brohl  
Executive Director

Dear Applicant:

Thank you for your interest in becoming an associated person/key with a licensed business in the Medical Marijuana industry. Before you submit your application, we want to make you aware of a few facts.

The Medical Marijuana industry in Colorado is one of the most scrutinized businesses in the state, because Colorado citizens want the industry and everyone involved in it free from even the hint of any corruption or deceit. That's why we take our regulation of the industry very seriously, including the issuance of licenses.

During the licensing process, we will conduct a thorough check of your background. If you pass our qualifications, you will be found suitable as an associated person/key that will allow you to work in the Medical Marijuana Industry. You should know that a Medical Marijuana license is a privilege, not a right. And one thing you must do to obtain this privilege is be completely honest on your license application.

In particular, we ask you on page 4 of the application: "In the past 10 years, but not prior to age 18 have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?" The application goes on to tell you to explain ALL such arrests or charges no matter the final outcome.

Did you list ALL arrests and charges in the past 10 years? Are you clear about what you need to disclose? If not, then ask someone at the front desk to assist you and answer any questions you might have. Here are some of the excuses we have heard from people who have failed to disclose arrests to us:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think the arrest had anything to do with Medical Marijuana.
- I didn't think that was still on my record.

But there is no excuse not to disclose an arrest. You have been informed throughout the application to disclose ALL arrests. And you have just been informed again: You will not necessarily be denied a license if you have ever been arrested, but you will be denied if you fail to disclose any arrest.

I have read and understand this letter.

Signed

A handwritten signature in black ink, appearing to read "John C. Muehleisen".

Date

3-10-14

## Tax Information Authorization

▶ Information about Form 8821 and its instructions is at [www.irs.gov/form8821](http://www.irs.gov/form8821).  
 ▶ Do not sign this form unless all applicable lines have been completed.  
 ▶ To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print)	Taxpayer identification number(s)
Geraldine DeAngelis 209 Estrella St. Trinidad, CO 81082	[REDACTED]
	Daytime telephone number [REDACTED] Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address  MEDICAL MARIJUANA ENFORCEMENT 455 SHERMAN ST, STE 390 DENVER, CO 80203	CAF No. _____ PTIN _____ Telephone No. <u>303-205-8421</u> Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
--	---

**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
EMPLOYMENT, EXCISE	1040	2010-2012	NOT APPLICABLE
CORPORATE, S-CORP, PARTNERSHIP	1065	2010-2012	NOT APPLICABLE
CIVIL PENALTY	NOT APPLICABLE	2007-2012	NOT APPLICABLE

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 . . . . .

- 5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):
- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . .
- Note.** Appointees will no longer receive forms, publications and other related materials with the notices.
- b If you do not want any copies of notices or communications sent to your appointee, check this box . . . . .

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect and check this box . . . . .

To revoke this tax information authorization, see the instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.  
 ▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Geraldine DeAngelis \_\_\_\_\_ Date 3/14/14

Geraldine DeAngelis \_\_\_\_\_ ~~See Titles~~  
 Print Name Title (if applicable)

PIN number for electronic signature

Joe



# COLORADO EMPLOYEE KEY MARIJUANA LICENSE APPLICATION

Marijuana Enforcement Division

## Colorado Marijuana Enforcement Division

### Employee Key Application Instructions

#### **APPLICATION CHECKLIST**

- 1 License Type**  
Employee Key: Any manager, supervisor or lead worker, who acts as a Key employee or agent while physically working in a licensed establishment, Optional Premises or Infused Products Manufacturer location.
- 2 Application Completed & Signed**  
Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact any Marijuana Enforcement Division office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application.  
**Notice:** You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.
- 3 Attachments**  
The following must be attached:  
 Certified copy of DD214, if applicable
- 4 Bring in Application**  
Bring in application and all attachments to: Marijuana Enforcement Division  
455 Sherman Street, Suite 390  
Denver, CO 80203
- 5 Application Fee: EXACT CHANGE ONLY**  
Submit \$250 NON-REFUNDABLE application fee for a two-year license. Cash, check, or money order accepted. Make check or money order payable to: Colorado Department of Revenue (DOR). If you are upgrading your license from an occupational support the fee is \$203.65.

Medical Marijuana License Number (Leave Blank)

## Employee Key License Application Form

Applicant's Last Name (Please Print) <b>DEANGELIS</b>		First Name <b>JOSEPH</b>		Middle Name <b>ANGELO</b>	
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)			Nicknames, Aliases, Etc. Used (Full Name) (Attach separate sheet if necessary) <b>JOE</b>		
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Race [REDACTED]	Date of Birth [REDACTED]	Social Security Number [REDACTED]		Other Social Security Numbers Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes attach details.)
Place of Birth: City <b>TRINIDAD,</b>		State <b>CO</b>	Country <b>USA</b>		Drivers License Number and State+ <b>CO [REDACTED]</b>
Physical Appearance ⇄	Height [REDACTED]	Weight [REDACTED]	Hair Color <b>BROWN</b>	Eye Color <b>BROWN</b>	Scars/Tattoos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes explain on a separate sheet</i>
U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CO Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", include details here: (Attach separate sheet if necessary)		CO Residency Date <b>10/01/44</b>	Alien Registration Number
<b>Physical Address</b>					
Address <b>209 ESTRELLA ST</b>		City <b>TRINIDAD</b>		County <b>USA</b>	State <b>CO</b> ZIP <b>81082</b>
Length of time at this Address:		Home Phone Number		Cell Phone Number	
Year(s) <b>48</b>	Month(s)	[REDACTED]		[REDACTED]	
<b>Mailing Address (if different from Physical Address)</b>					
Address		City		State	ZIP
List all addresses where you have lived during the last 5 years, not including present address, (attach separate sheet if necessary)					
<b>Street and Number</b>		<b>City/State/ZIP</b>		<b>From</b>	<b>To</b>
N/A					
Name of licensed Medical Marijuana business where you will be working <b>M &amp; M DISTRIBUTING, LLC</b>			Work Phone Number <b>(719) 846-7896</b>		Job Title
Name of present employer, if different from above <b>N/A</b>			Work Phone Number		Occupation or Job Title
Do you currently possess a Colorado support Medical Marijuana license or are you an associated person in any other type of Colorado Medical Marijuana license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    *If "Yes", indicate license type and number here:					
Have you ever applied before for a Medical Marijuana license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? (Not including your medical marijuana patient card) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    *If "Yes", explain here:					
Have you ever been denied a Medical Marijuana license, withdrawn a Medical Marijuana license application or had any disciplinary action taken against any Medical Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    *If "Yes", explain here:					
Applicant's Signature <i>Joseph De Angelis</i>					Date <b>5-19-2014</b>

SCARS

Open heart surgery:

10 inch scar down middle of chest

8 inch scar on inside left shin

Applicant's Last Name (Please Print) DEANGELIS	First Name JOSEPH	Middle Name ANGELO
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**Notice:** The Employee Key License Application Form is an official document. If you provide false information on your Medical Marijuana license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.

If you need clarification of any of the following questions, please contact the Investigations Section at any Marijuana Enforcement Division office.

- |  |   |
|--|---|
| 1. Have you ever been convicted of a felony at anytime regarding the possession, distribution, or use of a controlled substance?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Have you served a sentence, including probation or parole, within the past 5 years upon conviction for any felony, even if the conviction occurred more than 5 years ago?       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Are you a licensed Physician making patient recommendations?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Have you had your authority to act as a primary caregiver revoked by the State Health Agency?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Are you under 21 years of age at the time of this application?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7. Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the marijuana state licensing authority or a local licensing authority? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**STOP!** If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Medical Marijuana license.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana license if at any time in the future I can ever answer "Yes" to any of the questions above.

Applicant's Signature <i>Joseph De Angelis</i>	Date 5-19-2014
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Applicant's Last Name (Please Print) DEANGELIS	First Name JOSEPH	Middle Name ANGELO
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**Military Information**

Have you ever served in any armed forces? (Please provide certified copy of DD214)

Yes  No    If "Yes":  Active  Reserve

Branch	Service Number	Date of Service	Type of Discharge	Grade/Rank

While in military service, were you ever arrested for an offense in violation of UCMJ?

Yes  No    If "Yes", explain in detail on a separate sheet and attach it to your application.

**Criminal History**

1. Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, or use of a controlled substance?  Yes  No

2. In the last 10 years have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY non-drug or non-narcotic related crime or offense in any manner in this or any other country?  Yes  No

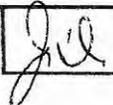
- You must include ALL arrests, charges, and convictions in the last 10 years, but not prior to the age of 18, regardless of the outcome, even if the charges were dismissed or you were found not guilty.
- You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).
- You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody.
- NOTICE: Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action.

\*If you answered YES, explain in detail on the sheet provided. For each offense for which you were arrested or charged, **YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE.** This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.

3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country?  Yes  No

4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?  Yes  No

\*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.

Applicant's Initials 

Applicant's Last Name (Please Print) DEANGELIS	First Name JOSEPH	Middle Name ANGELO
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DR 8521 (08/29/13)  
**COLORADO DEPARTMENT OF REVENUE**  
 Marijuana Enforcement Division  
 455 Sherman Street, Suite 390  
 Denver, CO 80203

## Arrest Disclosure Form

If, since turning age 18, you have ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution or use of a controlled substance, you must disclose this information to the Marijuana Enforcement Division.

If you have been arrested in the past 10 years, given a summons, or been convicted of any non-narcotic offense, you must disclose this information to the Marijuana Enforcement Division.

Any person licensed by the Marijuana Enforcement Division, must make written notification to the Division's office of any criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

### Please List Each Offense Separately

<b>1</b>	Date of Offense N/A	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
<b>2</b>	Date of Offense N/A	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
Printed Name <b>Joseph DeAngelis</b>		
Signature <i>Joseph DeAngelis</i>		Date 5-19-2014

Applicant's Last Name (Please Print) DEANGELIS	First Name JOSEPH	Middle Name ANGELO
---	----------------------	-----------------------

DR 8521 (08/29/13)  
**COLORADO DEPARTMENT OF REVENUE**  
 Marijuana Enforcement Division  
 455 Sherman Street, Suite 390  
 Denver, CO 80203

## Arrest Disclosure Form

(Continued)

**Please List Each Offense Separately**

<b>3</b>	Date of Offense N/A	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
<b>4</b>	Date of Offense N/A	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
Printed Name Joseph De Angelis		
Signature 		Date 5-19-2014

Applicant's Last Name (Please Print) DEANGELIS	First Name JOSEPH	Middle Name ANGELO
<b>Financial History</b>		
1. Are you delinquent in the filing of any tax return with any taxing agency anywhere?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are you delinquent in the payment of any judgments due to any governmental agency anywhere?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are you delinquent in the repayment of any government-insured student loans?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Are you delinquent in the payment of any child support?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Check any of the following privileged or professional licenses you have held individually or as part of an ownership group in this state or any other domestic or foreign jurisdiction:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Liquor <input type="checkbox"/> Real Estate Broker/Sales <input type="checkbox"/> Accountant <input type="checkbox"/> Gaming <input type="checkbox"/> Lawyer <input type="checkbox"/> Physician <input type="checkbox"/> Insurance <input type="checkbox"/> Racing <input type="checkbox"/> Lottery <input type="checkbox"/> Securities Dealer <input type="checkbox"/> Other:		
7. Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action taken against any such license that you have held, either individually or as part of an ownership group?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you, as an individual, principal of any form of business entity, or as an owner, officer or director of a corporation, ever filed a bankruptcy petition, had such a petition filed against you or the business entity or the corporation; or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for you or the business entity or corporation?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Do you now own, have ever owned, or otherwise derive a benefit from assets held outside the United States, whether held in your own name or another name, on your behalf or for another person or entity, or through other individuals or business entities, or in trust, or in any other fashion or status?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Are you currently a party, or ever been a party, in any capacity, to any trust instrument?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against you or a business entity of which you were a principal or against a corporation for which you were an owner, officer or director.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*If you answered YES to any of the questions above or checked any boxes above, give details on separate sheet, including license number and dates license held for licenses marked on question 6. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.		

TRUSTS

Joseph DeAngelis and Geraldine DeAngelis Rev Trust UD May 22, 2007

[REDACTED]

Micheliza Family Inter vivos Trust June 19, 1997

[REDACTED]



## Affidavit - Restrictions on Public Benefits

I, JOSEPH DEANGELIS, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

*Joseph DeAngelis*

Date

*5-19-2014*

## Affirmation & Consent

I, \_\_\_\_\_, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Key Employee License 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 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 a temporary Medical 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. 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 Medical 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.

**Print your Full Legal Name clearly below:**

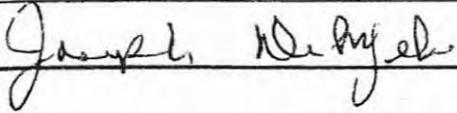
Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
DEANGELIS	JOSEPH	ANGELO
Signature	Date	
	5-19-2014	

## Investigation Authorization Authorization to Release Information

I, JOSEPH DEANGELIS, 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 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 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 "nonpublic" under the provisions of state or federal 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 state or federal 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 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 your Full Legal Name clearly below:**

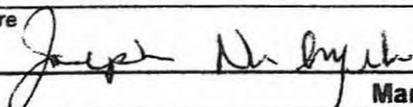
Legal Last Name (Please Print) DEANGELIS	Legal First Name JOSEPH	Legal Middle Name ANGELO
Signature 		Date 5-19-2014

## Applicant's Request to Release Information

TO:	FROM: (Applicant's Printed Name) JOSEPH ANGELO DEANGELIS	
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. I/We hereby authorize and request the Colorado 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.</li> <li>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 no 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.</li> <li>5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado 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:             <ol style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(c) To place the name of the agent presenting this request in the appropriate location on this request.</li> </ol> </li> <li>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.</li> <li>7. This power of attorney ends twenty-four (24) months from the date of execution.</li> <li>8. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Medical 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.</li> <li>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.</li> <li>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.</li> <li>11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.</li> </ol>		
Applicant's Last Name (Please Print) DEANGELIS	First Name JOSEPH	Middle Name ANGELO
Signature 		Date 5-19-2014
Signature of Marijuana Enforcement Division agent presenting this request		Date

**Colorado Marijuana Enforcement Division**

**Authorization for Disclosure for  
Internal Revenue Service**

<b>Print your Full Legal Name clearly below:</b>			
Legal Last Name (Please Print) DEANGELIS	Legal First Name JOSEPH	Legal Middle Name ANGELO	
Social Security Number [REDACTED]		Phone Number [REDACTED]	
<b>Physical Address</b>			
Address 209 ESTRELLA	City TRINIDAD	State CO	ZIP 81082
<b>Mailing Address (if different from Physical Address)</b>			
Address	City	State	ZIP
<b>Name and Social Security Number of Person(s) You Have Filed a Joint Tax Return With in the Past 5 Years</b>			
Last Name (Please Print) DEANGELIS	First Name GERALDINE	Middle Name MARIE	Social Security Number [REDACTED]
Last Name (Please Print)	First Name	Middle Name	Social Security Number
Last Name (Please Print)	First Name	Middle Name	Social Security Number
Type of Return Form 1040, Individual Income Tax		Taxable Periods 2008, 2009, 2010, 2011, and 2012	
I authorize the Internal Revenue Service to disclose tax return information (including, but not limited to, fact of filing, fact of payment, terms of installment agreement) regarding the above returns to the Marijuana Enforcement Division, Colorado Department of Revenue.			
Signature 			Date 5-19-2014
<b>Marijuana Enforcement Division USE ONLY</b>			
Date Received		Initials	
Faxed Out Time		Fax Reply Received	
Mailed In Date			

# STATE OF COLORADO

DEPARTMENT OF REVENUE  
Marijuana Enforcement Division  
455 Sherman Street, Suite 390  
Denver, CO 80203



John W. Hickenlooper  
Governor

Barbara J. Broht  
Executive Director

Dear Applicant:

Thank you for your interest in becoming a key employee in the Medical Marijuana industry. Before you submit your application, we want to make you aware of a few facts.

The Medical Marijuana industry in Colorado is one of the most scrutinized businesses in the state, because Colorado citizens want the industry and everyone involved in it free from even the hint of any corruption or deceit. That's why we take our regulation of the industry very seriously, including the issuance of licenses.

During the licensing process, we will conduct a thorough check of your background. If you pass our qualifications, you will be found suitable as a key license holder that will allow you to work in the Medical Marijuana Industry. You should know that a Medical Marijuana license is a privilege, not a right. And one thing you must do to obtain this privilege is be completely honest on your license application.

In particular, we ask you on page 2 of the application: "Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, or use of a controlled substance? In the past 10 years, but not prior to age 18 have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?" The application goes on to tell you to explain ALL such arrests or charges no matter the final outcome.

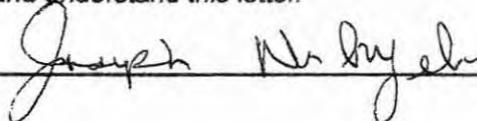
Did you list ALL arrests and charges required on page 4 of 12 This includes ALL drug-related offences since you turned 18 and ANY other offences in the last 10 years. Are you clear about what you need to disclose? If not, then ask someone at the front desk to assist you and answer any questions you might have. Here are some of the excuses we have heard from people who have failed to disclose arrests to us:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think the arrest had anything to do with Medical Marijuana.
- I didn't think that was still on my record.

But there is no excuse not to disclose an arrest. You have been informed throughout the application to disclose ALL arrests. And you have just been informed again: You will not necessarily be denied a license if you have ever been arrested, but you will be denied if you fail to disclose any arrest.

I have read and understand this letter.

Signed



Date

5-7-2014

DATE 06/04/2014

PD TRINIDAD  
2309 E MAIN ST  
TRINIDAD, CO 81082

RE: DEANGELIS, JOSEPH ANGELO  
SOC: [REDACTED]

DATE OF BIRTH: [REDACTED]

No Colorado record of arrest has been located based on above name and date of birth or through a search of our fingerprint files.

The Colorado Bureau of Investigation's database contains detailed information of arrest records based upon fingerprints provided by Colorado law enforcement agencies. Arrests which are not supported by fingerprints will not be included in this database. On occasion the Colorado criminal history will contain disposition information provided by the Colorado Judicial system. Additionally, warrant information, sealed records, and juvenile records are not available to the public.

Since a record may be established after the time a report was requested, the data is only valid as of the date issued. Therefore, if there is a subsequent need for the record, it is recommended another check be made.

Falsifying or altering this document with the intent to misrepresent the contents of the record is prohibited by law and may be punishable as a felony when done with intent to injure or defraud any person.

Sincerely,  
Ronald C. Sloan, Director  
Colorado Bureau of Investigation

ORIGINAL  
ORIGINAL

DR 8524 (09/24/13)  
COLORADO DEPARTMENT OF REVENUE  
Marijuana Enforcement Division  
455 Sherman Street, Suite 390  
Denver CO 80203

### Colorado Medical Marijuana License Bond

BOND# PB11831700147

Name of Bonding Company Philadelphia Indemnity Insurance Company

Bond Number PB118317000147

KNOW ALL PERSONS BY THESE PRESENTS:

That we, M & M Distributing, LLC, Street Address 422 N. COMMERCIAL STREET  
City TRINIDAD, County of \_\_\_\_\_, State of Colorado, as **Principal**, and  
PHILADELPHIA INDEMNITY\*, a surety company qualified and authorized to do surety business in the State of Colorado,  
as Surety, are held and firmly bound unto the State of Colorado to indemnify the State or local governmental entity for any loss suffered  
by reasons of violation of the conditions hereinafter contained in the penal sum of FIVE THOUSAND DOLLARS (\$5,000.00), lawful  
money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators,  
successors and assigns jointly, severally, and firmly by these presents.

**\*INSURANCE COMPANY**

THE CONDITION OF THIS OBLIGATION IS SUCH that whereas the Principal is applying for the issuance or renewal of a license issued  
pursuant to the Colorado Medical Marijuana Code, Article 43.3 of Title 12 of the Colorado Revised Statutes, which license or license  
renewal shall be valid, if not suspended or revoked, for a license period ending one year from the last day of the month of issuance of  
the license or renewal;

NOW, THEREFORE, if the Principal is granted a license by the State pursuant to Article 43.3 of Title 12 of the Colorado Revised Statutes,  
during the term of said license and any renewal thereof, the Principal shall report and pay all sales and use taxes due the State of  
Colorado, or due any other entity for which the State is the collector or collecting agent, in a timely manner as provided by law.

IT IS FURTHER PROVIDED that the aggregate liability of the Surety for all breaches of the condition of this bond, regardless of the  
number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall  
be payable or paid shall not exceed the amount of the bond.

IT IS FURTHER PROVIDED that pursuant to Section 12-43.3-304(2), C.R.S., the Surety shall not be required to make payments to the  
State of Colorado claiming under this bond until a final determination of failure to pay taxes due to the State has been made by the State  
Licensing Authority or a court of competent jurisdiction.

IT IS FURTHER PROVIDED that the Surety shall have the right to cancel this bond for any reason authorized by statute by filing forty-  
five (45) days' written notice of such cancellation with the Principal and with the State Licensing Authority. If cancellation is based upon  
nonpayment of premium, this bond may be cancelled by the Surety upon ten (10) days' written notice to the Principal and the State  
Licensing Authority.

THIS OBLIGATION may be continued from year to year by the issuance by the Surety of a proper continuation certificate delivered to the  
State Licensing Authority pursuant to Section 12-43.3-304(3), C.R.S.

Dated this 1st day of MAY, 20 14

For the Principal: [Signature] For the Surety: SUSAN A. SALLADA, ATTORNEY-IN-FACT

#### ACKNOWLEDGMENT OF SURETY

STATE OF ~~COLORADO~~ PA

COUNTY OF MONTGOMERY | SS.

On this 1st day of MAY, 20 14, before me, a notary public in and for the above State, personally appeared  
SUSAN A. SALLADA, to me personally known and being by me duly sworn, did say that he or she is an  
authorized corporate officer or the Attorney-in-Fact of PHILADELPHIA INDEMNITY\*, a corporation duly organized and existing  
under the laws of the State of Colorado, or authorized to do business therein, and that he or she as such officer executed the foregoing  
instrument for the purposes herein contained on behalf of said corporation, and further acknowledged that the instrument was executed  
as the free act and deed of said corporation.

**\*INSURANCE COMPANY**

IN WITNESS WHEREOF, I hereunto set my name and affixed my official seal on the day and year written above.

(SEAL)

[Signature]  
Notary Public, ~~State of Colorado~~

My commission expires: \_\_\_\_\_



PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004  
Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: that PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint: Susan A. Sallada and Patricia A. Marinucci of Universal Service Agency, Inc. City of Fort Washington, State of Pennsylvania.

Its true and lawful Attorney(s) in fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$25,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY at a meeting duly called the 1<sup>st</sup> day of July, 2011.

**RESOLVED:** That the Board of Directors hereby authorizes the President or any Vice President of the Company to: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER RESOLVED:** That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with the respect to any bond or undertaking to which it is attached.

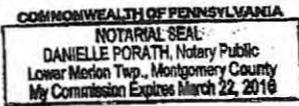
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 7<sup>TH</sup> DAY OF FEBRUARY 2013.



(Seal)

Robert D. O'Leary Jr., President & CEO  
Philadelphia Indemnity Insurance Company

On this 7<sup>th</sup> day of February 2013, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public:

residing at:

Bala Cynwyd, PA

(Notary Seal)

My commission expires:

March 22, 2016

I, Craig P. Keller, Executive Vice President, Chief Financial Officer and Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 1 day of MAY, 2014



Craig P. Keller, Executive Vice President, Chief Financial Officer & Secretary  
PHILADELPHIA INDEMNITY INSURANCE COMPANY

PS 118317 00147



## NOTICE OF PUBLIC HEARING

PURSUANT TO THE MARIJUANA LAWS OF COLORADO, M & M Distributing, LLC, 422 N. Commercial Street, Trinidad, CO, has requested the licensing officials of the City of Trinidad to grant a new Medical Marijuana Optional Premise Cultivation Operation license at this location.

Hearing on application will be held on Tuesday, July 1, 2014, at 7:00 p.m. in the Council Chambers, City Hall, 135 N. Animas Street, Trinidad, CO.

Date of Application: May 20, 2014

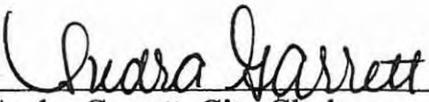
Officers: John Micheliza, President, 44910 County Rd. 40, Trinidad, CO 81082  
Geraldine DeAngelis, Secretary/Treasurer, 209 Estrella Street, Trinidad, CO  
81082

Remonstrances may be filed with the City Clerk's Office, 135 N. Animas, Trinidad, CO.

Dated this 3rd day of June, 2014.

By order of the Trinidad City Council.

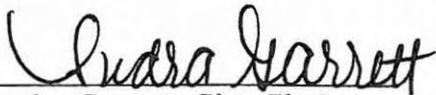
CITY OF TRINIDAD, COLORADO

  
\_\_\_\_\_  
Audra Garrett, City Clerk

CERTIFICATE OF MAILING

I hereby certify that on the 3rd day of June, 2014, I mailed the Notice of Public Hearing by first-class mail, postage pre-paid to:

M & M Distributing, LLC  
44910 County Rd. 40  
Trinidad, CO 81082

  
Audra Garrett, City Clerk



## NOTICE OF PUBLIC HEARING

PURSUANT TO THE MARIJUANA LAWS OF COLORADO, M & M Distributing, LLC, 422 N. Commercial Street, Trinidad, CO, has requested the licensing officials of the City of Trinidad to grant a new Medical Marijuana Center license at this location.

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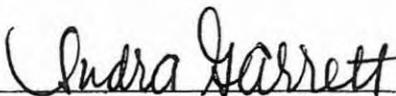
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By order of the Trinidad City Council.

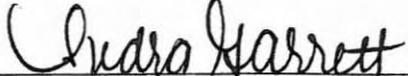
CITY OF TRINIDAD, COLORADO

  
\_\_\_\_\_  
Audra Garrett, City Clerk

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M & M Distributing, LLC  
44910 County Rd. 40  
Trinidad, CO 81082

  
Audra Garrett, City Clerk

PROOF OF PUBLICATION

STATE OF COLORADO  
COUNTY OF LAS ANIMAS } SS

Krysta E. Toci, of lawful age, being first duly sworn upon oath, deposes and says that she is the authorized agent of The Chronicle-News, daily newspaper of general circulation which is published and circulated in the City of Trinidad, Las Animas County, Colorado, that said newspaper is a newspaper of general circulation complying with all of the requirements of Articles I to VII, Chapter 130, 1935, Colorado Statutes Annotated, and all other laws of said State, and that said legal / notice has been so published for the period of time prescribed in said newspaper proper and not a supplement.

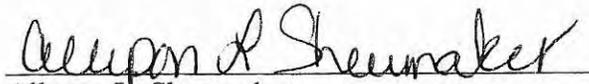
The attached Notice was published in said newspaper in its issue(s) dated

53792

June 13, 2014

  
-----  
Krysta E. Toci

Subscribed and sworn to before me this  
17 day of June,  
A. D., 2014.

  
Allyson L. Sheumaker

My commission expires on August 26, 2015



My Comm. Expires August 26, 2015

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Dated this 3rd day of June, 2014.

By Order of the Trinidad City Council  
Audra Garrett, City Clerk

Published: June 13, 2014

53792

PROOF OF PUBLICATION

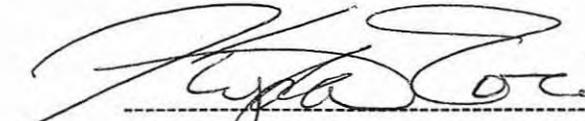
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COUNTY OF LAS ANIMAS } SS

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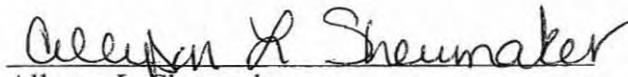
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Dated this 3rd day of June, 2014.

By Order of the Trinidad City Council  
Audra Garrett, City Clerk

Published: June 13, 2014

53791

STATE OF COLORADO )

COUNTY OF LAS ANIMAS ) SS

CITY OF TRINIDAD )

CERTIFICATE OF POSTING

I, Audra Garrett, City Clerk of the City of Trinidad, Colorado, do hereby certify that pursuant to the laws of the State of Colorado, M & M Distributing, LLC, 422 N. Commercial Street, Trinidad, Colorado, which business has applied for a new Medical Marijuana Optional Premise Cultivation Operation license at said location, was duly posted for not less than ten continuous days, with the first day of posting occurring on the 5th day of June, 2014.

WITNESS, my hand and the official seal of the City of Trinidad, Colorado, this 5th day of June, 2014.

(SEAL)



CITY OF TRINIDAD, COLORADO

Audra Garrett  
Audra Garrett, City Clerk

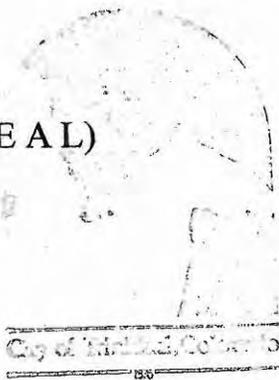
STATE OF COLORADO )  
COUNTY OF LAS ANIMAS ) SS  
CITY OF TRINIDAD )

CERTIFICATE OF POSTING

I, Audra Garrett, City Clerk of the City of Trinidad, Colorado, do hereby certify that pursuant to the laws of the State of Colorado, M & M Distributing, LLC, 422 N. Commercial Street, Trinidad, Colorado, which business has applied for a new Medical Marijuana Center license at said location, was duly posted for not less than ten continuous days, with the first day of posting occurring on the 5<sup>th</sup> day of June, 2014.

WITNESS, my hand and the official seal of the City of Trinidad, Colorado, this 5<sup>th</sup> day of June, 2014.

(SEAL)



CITY OF TRINIDAD, COLORADO

*Audra Garrett*

Audra Garrett, City Clerk

6/3/14

DEPARTMENTAL INSPECTION REPORT  
MEDICAL MARIJUANA LICENSE

Applicant: M & M Distributing, LLC

dba:

Address: 422 N. Commercial Street

Type of License: Medical Marijuana Center

Renewal  Transfer  Change of Location  New

FOR CONSIDERATION AT

COUNCIL MEETING DATE: July 1, 2014, 7:00 p.m.

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: fire inspection needed before opening  
Pre-inspection completed - OK

6-6-14  
Date

[Signature]  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 20, 2014

6/3/14

DEPARTMENTAL INSPECTION REPORT  
MEDICAL MARIJUANA LICENSE

Applicant: M & M Distributing, LLC

dba:

Address: 422 N. Commercial Street

Type of License: Medical Marijuana Optional Premise Cultivation Operation

Renewal  Transfer  Change of Location  New

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014, 7:00 p.m.

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: fire inspection needed before opening, Pre-inspection completed ok

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6-6-14  
Date

[Signature]  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 20, 2014

6/3/14

DEPARTMENTAL INSPECTION REPORT  
MEDICAL MARIJUANA LICENSE

Applicant: M & M Distributing, LLC

dba:

Address: 422 N. Commercial Street

Type of License: Medical Marijuana Center

Renewal  Transfer  Change of Location  New

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014, 7:00 p.m.

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: IF LICENSE is approved do not  
RE/REUSE until the certification of occupancy  
is approved by the Building Official.

6-3-2014  
Date

Christi A. Kelly  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 20, 2014

6/3/14

DEPARTMENTAL INSPECTION REPORT  
MEDICAL MARIJUANA LICENSE

Applicant: M & M Distributing, LLC

dba:

Address: 422 N. Commercial Street

Type of License: Medical Marijuana Optional Premise Cultivation Operation

Renewal  Transfer  Change of Location  New

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014, 7:00 p.m.

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: IF License is approved do not  
RELEASE until the certification of occupancy  
is approved by the Building Official.

6-3-2014  
Date

Shirley S. Kelley  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 20, 2014

6/3/2014

## DEPARTMENTAL INSPECTION REPORT MEDICAL MARIJUANA LICENSE

Applicant's Name: M & M Distributing, LLC

DBA:

Business Address: 422 N. Commercial Street

Type of License: Medical Marijuana Center

Renewal       Transfer       Change of Location       New       Special Event

FOR CONSIDERATION AT

COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

### DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS:

**This building is under renovation/construction. An additional inspection MUST be completed by this department at the completion of the renovation/construction.**

A review of the plans was completed. The plans are approved with the following recommendations:

- \* The door to the DVR room should be a solid door, preferably a steel door.
- \* All DVR equipment should be in a secure locked cabinet in the DVR room.
- \* All windows facing Commercial Street need security bars. The bars must be installed in a manner to make them difficult to remove - possibly into the brick on the exterior of the building.
- \* Properly secure the garage door to prevent unauthorized access from the exterior of the building.

6-26-14  
Date

  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 20, 2014

6/3/2014

**DEPARTMENTAL INSPECTION REPORT  
MEDICAL MARIJUANA LICENSE**

Applicant's Name: M & M Distributing, LLC

DBA:

Business Address: 422 N. Commercial Street

Type of License: Medical Marijuana Optional Premise Cultivation Operation

Renewal     Transfer     Change of Location     New     Special Event

FOR CONSIDERATION AT

COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

**DEPARTMENT REVIEW**

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS:

**This building is under renovation/construction. An additional inspection MUST be completed by this department at the completion of the renovation/construction.**

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- \* Properly secure the garage door to prevent unauthorized access from the exterior of the building.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 20, 2014**



CITY OF TRINIDAD, COLORADO  
1875

## COUNCIL COMMUNICATION

**CITY COUNCIL MEETING:** July 1, 2014  
**PREPARED BY:** Louis Fineberg, Planning  
Director  
**DEPT. HEAD SIGNATURE:**  
**# OF ATTACHMENTS:** 1

7

**SUBJECT:** Public hearing and second reading for consideration of an ordinance repealing and re-enacting Chapter 14 (“Planning and Zoning”), Article 8 (“Wireless Telecommunications Towers and Facilities”), Section 14-153 (“Development of Towers”) of the Code of the City of Trinidad, Colorado, to protect the open zone district and the City’s viewshed, minimizing the impact of man-made structures and grading on the ridges of hills, mesas, mountains, open spaces, and similar natural features, visible from public rights-of-way in the open zone district

**PRESENTER:** Louis Fineberg, Planning Director

**RECOMMENDED CITY COUNCIL ACTION:** Conduct the public hearing and consider approval of the ordinance on second reading

**SUMMARY STATEMENT:** The ordinance modification proposes to remove the Open (O) zone from the list of possible areas in the City for development of telecommunications facilities for the purpose of view shed protection

**EXPENDITURE REQUIRED:** N/A

**SOURCE OF FUNDS:** N/A

**POLICY ISSUE:** None.

**ALTERNATIVE:** Council may decide to leave the Open zoning district as a permissible zoning district for telecommunications facilities.

### BACKGROUND INFORMATION:

- Council considered the ordinance on first reading at the June 17, 2014 regular meeting.

7



CITY OF TRINIDAD

ORDINANCE NO.

AN ORDINANCE REPEALING AND RE-ENACTING CHAPTER 14 (“PLANNING AND ZONING”), ARTICLE 8 (“WIRELESS TELECOMMUNICATIONS TOWERS AND FACILITIES”), SECTION 14-153(1) (“DEVELOPMENT OF TOWERS”) OF THE CODE OF THE CITY OF TRINIDAD, COLORADO, TO PROTECT THE OPEN ZONE DISTRICT AND THE CITY’S VIEWSHED, MINIMIZING THE IMPACT OF MAN-MADE STRUCTURES AND GRADING ON THE RIDGES OF HILLS, MESAS, MOUNTAINS, OPEN SPACES, AND SIMILAR NATURAL FEATURES, VISIBLE FROM PUBLIC RIGHTS-OF-WAY IN THE OPEN ZONE DISTRICT

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF TRINIDAD, COLORADO, that:

**Section 1. Repeal and Reenactment of § 14-153(1) (“Development of Towers”).** Chapter 14 (“Planning and Zoning”), Article 8 (“Wireless Telecommunications Towers and Facilities”), Section 14-153(1) (“Development of Towers”) of the Code of the City of Trinidad, Colorado, is hereby repealed and reenacted as follows:

**Section 14-153. Development of Towers.**

(1) A Tower shall be a conditional use in the Industrial Zone District and the Community Commercial Zone District. No person shall build, erect, or construct a Tower within the Industrial Zone District or Community Commercial Zone District unless a development permit shall have been issued by the Planning, Zoning and Variance Commission. Application shall be made to the Planning Director in the manner provided in this Article.

**Section 2. Effective Date.** This ordinance shall be published and become effective ten (10) days after final passage, as provided in § 5.5 of the Home Rule Charter for the City of Trinidad, Colorado.

INTRODUCED BY COUNCILMEMBER BOLTON, READ AND ORDERED PUBLISHED this 17th day of June, 2014.

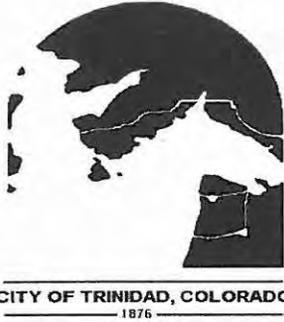
FINALLY PASSED AND APPROVED this \_\_\_\_ day of \_\_\_\_\_, 2014.

EFFECTIVE DATE OF THIS ORDINANCE SHALL BE this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
JOSEPH A. REORDA, MAYOR

ATTEST:

\_\_\_\_\_  
AUDRA GARRETT, City Clerk



## COUNCIL COMMUNICATION

8a

**CITY COUNCIL MEETING:** July 1, 2014  
**PREPARED BY:** Audra Garrett, City Clerk  
**DEPT. HEAD SIGNATURE:** *Audra Garrett*  
**# OF ATTACHMENTS:** 10

**SUBJECT:** Special Events Permit (malt, vinous and spirituous) request by Arthur Roy Mitchell Memorial, Inc. at 150 E. Main Street for July 19, 2014 (Quick Draw Event)

**PRESENTER:** Arthur Roy Mitchell Memorial, Inc. representative

**RECOMMENDED CITY COUNCIL ACTION:** Consider approval of the permit as requested

**SUMMARY STATEMENT:** N/A

**EXPENDITURE REQUIRED:** No

**SOURCE OF FUNDS:** N/A

**POLICY ISSUE:** N/A

**ALTERNATIVE:** N/A

### BACKGROUND INFORMATION:

- The application is in order.
- The Fire Chief stated that the exit lights are not working and the extinguishers need to be inspected.
- The departmental report from the Building Inspector indicated his approval.
- The Police Chief recommended that the security plan must be followed.
- Disclosure statements are provided by Councilmembers Miles and Torres.
- Appropriate fees have been paid.

8a

## APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

**IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT AND ONE OF THE FOLLOWING (See back for details.)**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> SOCIAL | <input type="checkbox"/> ATHLETIC                              | <input type="checkbox"/> PHILANTHROPIC INSTITUTION           |
| <input type="checkbox"/> FRATERNAL         | <input type="checkbox"/> CHARTERED BRANCH, LODGE OR CHAPTER    | <input type="checkbox"/> POLITICAL CANDIDATE                 |
| <input type="checkbox"/> PATRIOTIC         | <input type="checkbox"/> OF A NATIONAL ORGANIZATION OR SOCIETY | <input type="checkbox"/> MUNICIPALITY OWNING ARTS FACILITIES |
| <input type="checkbox"/> POLITICAL         | <input type="checkbox"/> RELIGIOUS INSTITUTION                 |  |

<b>LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:</b>	<b>DO NOT WRITE IN THIS SPACE</b>
2110 <input checked="" type="checkbox"/> MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY	LIQUOR PERMIT NUMBER
2170 <input type="checkbox"/> FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY	

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE <b>ARTHUR ROY MITCHELL MUSEUM INC</b>	State Sales Tax Number (Required) <b>00607604-0000</b>
---	---

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE (include street, city/town and ZIP) <b>150 E. MAIN ST. TRINIDAD, CO 81082</b>	3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT (include street, city/town and ZIP) <b>150 E. MAIN ST. TRINIDAD, CO 81082</b>
---	---

NAME	DATE OF BIRTH	HOME ADDRESS (Street, City, State, ZIP)	PHONE NUMBER
4. PRES./SECY OF ORG. or POLITICAL CANDIDATE <b>SUSAN PORTERFIELD</b>			
5. EVENT MANAGER <b>SUSAN PORTERFIELD</b>			
6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES HOW MANY DAYS? _____		7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TO WHOM? _____	

8. DOES THE APPLICANT HAVE POSSESSION OR WRITTEN PERMISSION FOR THE USE OF THE PREMISES TO BE LICENSED?  Yes  No

LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

Date	Date	Date	Date
Hours From To	Hours From To	Hours From To	Hours From To
<b>JULY 19</b> From 10:30 am. To 2:30 pm.			

**OATH OF APPLICANT**

*I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.*

SIGNATURE 	TITLE <b>BOARD SECRETARY</b>	DATE <b>6-12-2014</b>
---------------	---------------------------------	--------------------------

**REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY OR COUNTY)**

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 12, Article 48, C.R.S., as amended.

**THEREFORE, THIS APPLICATION IS APPROVED.**

LOCAL LICENSING AUTHORITY (CITY OR COUNTY) <b>Trinidad</b>	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> COUNTY	TELEPHONE NUMBER OF CITY/COUNTY CLERK <b>(719) 846-9843</b>
SIGNATURE	TITLE <b>Mayor</b>	DATE

**DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY**

LIABILITY INFORMATION			
License Account Number	Liability Date	State	TOTAL
		-750 (999)	\$

This Deed, Made this 31<sup>st</sup> day of May, 1970

between City of Trinidad, whose street address is 135 N. Animas, City of Trinidad.

County of Las Animas and State of Colorado, of the first part, and A. R. Mitchell Memorial, Inc. whose legal address is 131 West Main Street, City of Trinidad,

County of Las Animas and State of Colorado, of the second part:

WITNESSETH, That the said party of the first part, for and in consideration of the sum of Two Hundred Seventy-Eight Thousand Five Hundred (\$278,500.00) DOLLARS

of the above described premises, has confessed and acknowledged to the said party of the second part, the receipt whereof is hereby confessed and acknowledged, and that the said party of the second part, has bargained, sold and conveyed, and by these does grant, bargain, sell, convey and confirm, unto the said party of the second part, its heirs and assigns forever, all the following described lots or parcels of land, situate, lying and being in the City of Trinidad, County of Las Animas and State of Colorado, to-wit:

All of Lot 2 in Block 100, in the City of Trinidad, Colorado, also the easterly 10 inches of Lot 3 in said Block 100, as more particularly described in Warranty Deed recorded July 21, 1905 in Book 128, at Page 200 of the records of the office of the County Clerk and Recorder of (continued on Page Two)

TOGETHER with all and singular the hereditaments and appurtenances thereto belonging, or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof; and all the estate, right, title, interest, claim and demand whatsoever of the said party of the first part, either in law or equity, of, in and to the above bargained premises, with the hereditaments and appurtenances.

TO HAVE AND TO HOLD The said premises above bargained and described, with the appurtenances, unto the said party of the second part, and its heirs and assigns forever. And the said party of the first part, for it self, does covenant, grant, bargain and agree to and with the said party of the second part, and its heirs and assigns, that at the time of the sealing and delivery of these presents, well seized of the premises above conveyed, as of good, sure, perfect, absolute and indefeasible estate of inheritance, in law, in fee simple, and has good right, full power and lawful authority to grant, bargain, sell and convey the same in manner and form as aforesaid, and that the same are free and clear from all former and other grants, bargains, sales, liens, taxes, assessments and encumbrances of whatever kind or nature soever.

Subject to the terms and conditions contained in the Contract for Sale of Real Property, entered into between the Party of the First Part and the Party of the Second Part on the above date which is attached hereto and incorporated herein by reference as Attachment "A".

and the above bargained premises in the quiet and peaceable possession of the said party of the second part, heirs and assigns, against all and every person or persons lawfully claiming or to claim the whole or any part thereof the said party of the first part shall and will WARRANT AND FOREVER DEFEND.

IN WITNESS WHEREOF, The said party of the first part has hereunto set its hand and seal the day and year first above written.

Signed, Sealed and Delivered in the Presence of

Handwritten signatures and three [SEAL] marks.

STATE OF COLORADO County of Las Animas

The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of May A.D. 1970 by Robert W. Colburn

My commission expires 19 Witness my hand and official seal. Notary Public.

Land Description Continued  
Page Two

of the County of Las Animas and State of Colorado subject to the terms and provisions of that certain contract and Deed dated June 22, 1905, and recorded July 21, 1905, in Book 134 at Page 295, said last mentioned records together with all improvements thereon.

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

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

**ARTHUR ROY MITCHELL MEMORIAL INC.**

is a **Nonprofit Corporation** formed or registered on 02/20/1979 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871365333.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/11/2014 that have been posted, and by documents delivered to this office electronically through 06/12/2014 @ 09:34:27.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/12/2014 @ 09:34:27 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8874475.



A handwritten signature in cursive script, appearing to read "Scott Gessler".

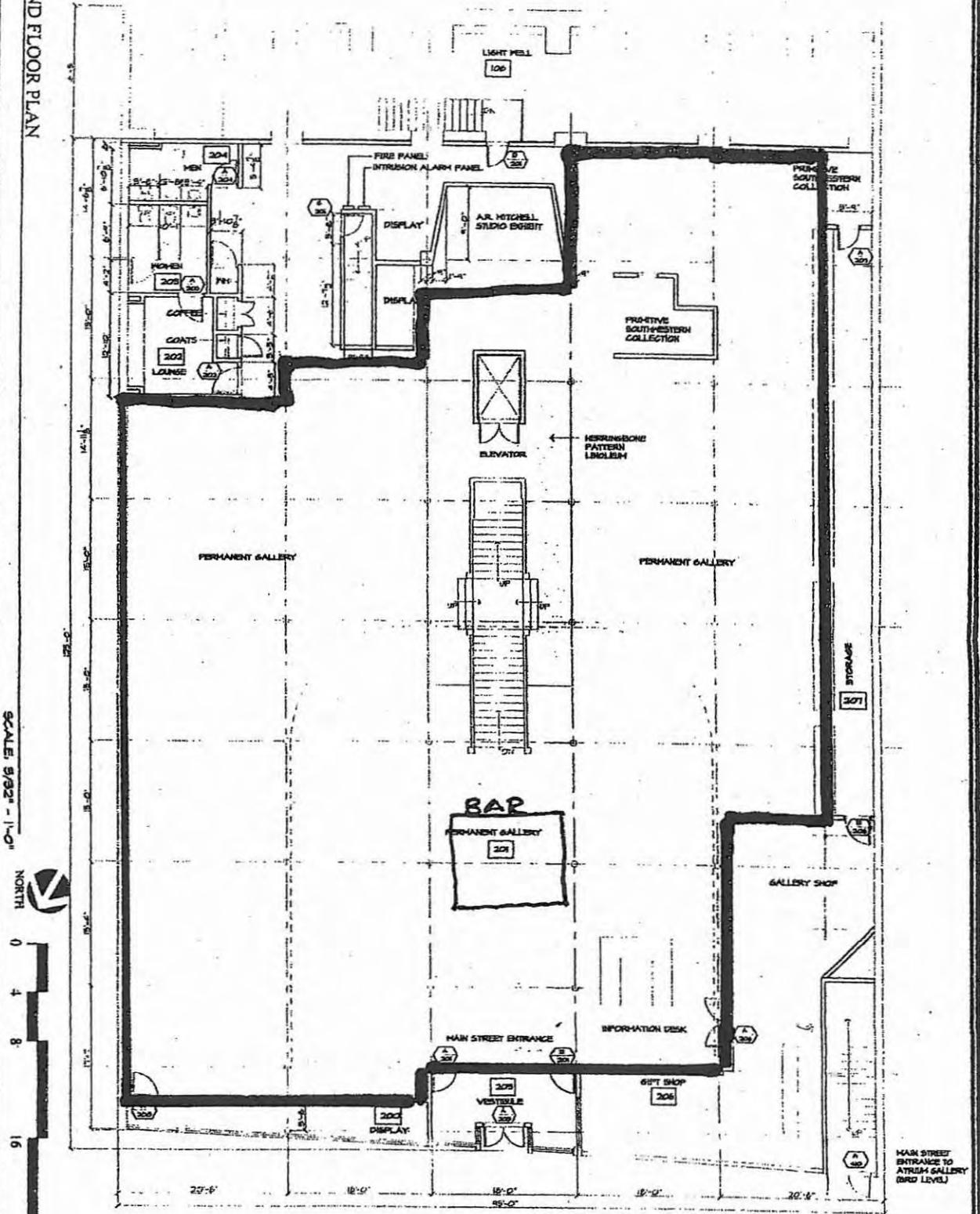
Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

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

For Quick Draw on July 19th

GROUND FLOOR PLAN



SCALE 3/32" = 1'-0"



0 4 8 16 32

AI  
1209.02

A.R. MITCHELL MUSEUM  
JAMISON BUILDING  
150 EAST MAIN STREET  
TRINIDAD, COLORADO

THE FLORIN GROUP An Inside Team, Suite 302, Colorado Springs, Colorado 80903 (719) 571-8122  
Architectural Engineering, Historic Preservation



6/12/14

DEPARTMENTAL INSPECTION REPORT  
3.2% BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE

Applicant: Arthur Roy Mitchell Museum, Inc.

dba: Quick Draw Event on July 19, 2014

Address: 150 E. Main Street

Type of License: Malt, Vinous and Spirituous

Renewal  Transfer  Change of Location  New  Special Event

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: Exit lights not working  
Extinguishers need inspection

6-13-14  
Date

[Signature]  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

June 12, 2014

**FIRE SAFETY PLAN FOR**

The Mitchell Museum

150 E. Main St.

Trinidad, CO 81082

719 846-4224

Mitchellmuseum@qwestoffice.net

**SPECIAL EVENT: Quick Draw and Auction**

1. Sat. July 1<sup>st</sup>, about 125 expected at the museum

Fund-raiser for the museum

Drinks will be served at the BAR in front of the stairwell on the 1<sup>st</sup> floor

1. Exit routes are clearly marked. There are 2 main exits near the front door.
2. The means of egress are illuminated at all times.
3. The building served by the means of egress is occupied.
4. The flow of egress travel will not be interrupted by any building element.
5. Obstructions shall not be placed in the required width of means of egress.
6. The occupancy load as determined by Trinidad Fire Department will be strictly adhered to by the A.R. Mitchell Museum and its staff and security.
7. Fire extinguishers shall be appropriate to the Special Event in quantity and size, and shall have been inspected by a certified inspection company.
8. Smoke and carbon monoxide detectors shall be operable.
9. The A.R. Mitchell Museum will not be using excessive extension cords.

Submitted by:

SUSAN PORTERFIELD  
BOARD SECRETARY

6/12/14

DEPARTMENTAL INSPECTION REPORT  
3.2% BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE

Applicant: Arthur Roy Mitchell Museum, Inc.

dba: Quick Draw Event on July 19, 2014

Address: 150 E. Main Street

Type of License: Malt, Vinous and Spirituous

Renewal  Transfer  Change of Location  New  Special Event

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: Approved  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.25.2014  
Date

Ann S. Kelly  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

6/12/14

DEPARTMENTAL INSPECTION REPORT  
3.2% BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE

Applicant: Arthur Roy Mitchell Museum, Inc.

dba: Quick Draw Event on July 19, 2014

Address: 150 E. Main Street

Type of License: Malt, Vinous and Spirituous

Renewal  Transfer  Change of Location  New  Special Event

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: Follow attached security plan.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

06-17-14  
Date

Charles J. McNeill  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

June 12, 2014

**Security Plan for the A. R. Mitchell Museum  
Quick Draw & Auction on July 19, 2014  
Requesting a liquor license**

**I. DESCRIPTION**

This is an annual event. Artists paint on the Courthouse lawn, the visitors walk down to the museum where there is an auction of the paintings.

**II. Mimosas will be served in the museum from 12-2**

**III. We are expecting about 125 people**

**II. SECURITY The Mitchell will provide 8 volunteers for the event**

**1. They will have security I.D.'s at the exit/entrance to the museum.**

**2. They will carry cellphones to immediately notify law enforcement should the need arise.**

**3. The Trinidad Police Department shall be notified of any and all criminal events like fights, theft, assault, etc. that occur during the event.**

**4. Trinidad Police Dept. personnel shall conduct walk-throughs of the event as deemed necessary by the Chief of Police.**

**III. LIQUOR SERVICE**

**1. All persons responsible for the service of alcoholic beverages shall be TIPS certified.**

**2. The bar will require a minimum of 2 persons to operate the bar.**

**3. No person selling alcohol will consume alcohol.**

**4. Personnel operating the bar should pay special attention to ensure that underage person ARE NOT being served alcohol. Personnel will also ensure that overly intoxicated persons are not being served (As per CRS and Municipal Code.) Any violations of the Colorado Beer and Alcohol Code and Trinidad Municipal Alcohol Code shall be immediately brought to the attention of security, who shall immediately notify TPD.**

**5. No person who is not designated as a bar employee will be allowed behind the bar. Any unauthorized person found behind the bar will be removed from the event. Security will notify TPD for appropriate enforcement action.**

**6. The event will have in place an accounting system for tracking all bar receipts and tip receipts. A TIP jar will not be left where it can be accessed by unauthorized persons.**

**7. No person will be allowed to bring alcoholic beverages into the event area. No person is allowed to take alcoholic beverages out of the event area. Appropriate action will be taken for said violations.**

STATE OF COLORADO     )  
COUNTY OF LAS ANIMAS ) SS  
CITY OF TRINIDAD        )

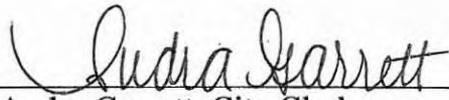
CERTIFICATE OF POSTING

I, Audra Garrett, City Clerk of the City of Trinidad, Colorado, do hereby certify that pursuant to the laws of the State of Colorado, and the ordinances of the City of Trinidad, Arthur Roy Mitchell Museum, Inc., 150 E. Main Street, Trinidad, Colorado, which business has applied for a Special Events Permit, to sell and dispense Malt, Vinous and Spirituous Liquors at 150 E. Main Street, Trinidad, Colorado, on July 19, 2014, was duly posted for no less than ten continuous days, with the first day of posting occurring on the 19<sup>th</sup> day June, 2014.

WITNESS, my hand and the official seal of the City of Trinidad, Colorado, this 19<sup>th</sup> day of June, 2014.

CITY OF TRINIDAD, COLORADO

(SEAL)

  
\_\_\_\_\_  
Audra Garrett, City Clerk



## COUNCIL COMMUNICATION

8b

**CITY COUNCIL MEETING:** July 1, 2014  
**PREPARED BY:** Audra Garrett, City Clerk  
**DEPT. HEAD SIGNATURE:** *Audra Garrett*  
**# OF ATTACHMENTS:** 5

**SUBJECT:** Retail liquor store license renewal request by Trinidad Beer, Liquor & Wine Depot, LLC d/b/a Trinidad Beer, Liquor & Wine Depot at 111 E. Kansas Avenue

**PRESENTER:** Trinidad Beer, Liquor & Wine Depot, LLC

**RECOMMENDED CITY COUNCIL ACTION:** Consider renewal of the license

**SUMMARY STATEMENT:** N/A

**EXPENDITURE REQUIRED:** No

**SOURCE OF FUNDS:** N/A

**POLICY ISSUE:** N/A

**ALTERNATIVE:** N/A

### BACKGROUND INFORMATION:

- The renewal application is in order.
- The Fire Department and Building Department reported that the extinguishers need to be inspected.
- The Police Department reported no calls for service.
- Disclosure statements from Councilmembers Miles and Torres are attached.
- Appropriate fees have been paid.

8b

**LIQUOR OR 3.2 BEER LICENSE  
 RENEWAL APPLICATION**

TRINIDAD BEER LIQUOR & WINE DEPOT  
 111 E KANSAS AVE  
 TRINIDAD CO 81082

JUN 05 2014

RECEIVED

JUN 06 2014

Fees Due	
Renewal Fee	\$227.50
Storage Permit \$100 x <u>1</u>	<u>100.00</u>
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
<b>Amount Due/Paid</b>	<b><u>\$327.50</u></b>

Make check payable to: Colorado Department of Revenue.  
 The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

**PLEASE VERIFY & UPDATE ALL INFORMATION BELOW**

**RETURN TO CITY OR COUNTY LICENSING AUTHORITY BY DUE DATE**

Licensee Name TRINIDAD BEER LIQUOR & WINE DEPOT LLC		DBA TRINIDAD BEER LIQUOR & WINE DEPOT		
Liquor License # 4701573	License Type Liquor Store (city)	Sales Tax License # 27836402	Expiration Date 8/29/2014	Due Date 7/15/2014
Street Address 111 E KANSAS AVE TRINIDAD CO 81082				Phone Number (719) 422 8099
Mailing Address 111 E KANSAS AVE TRINIDAD CO 81082				
Operating Manager <i>Kenneth R. Geigelman</i>	Date of Birth [REDACTED]	Home Address [REDACTED], Trinidad CO 81082	Phone Number [REDACTED]	

- Do you have legal possession of the premises at the street address above?  YES  NO  
 Is the premises owned or rented?  Owned  Rented\* \*If rented, expiration date of lease \_\_\_\_\_
- Since the date of filing of the last annual application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested.  YES  NO  
**NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS:** If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
- Since the date of filing of the last annual application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation.  YES  NO
- Since the date of filing of the last annual application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation.  YES  NO
- Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation.  YES  NO
- SOLE PROPRIETORSHIPS, HUSBAND-WIFE PARTNERSHIPS AND PARTNERS IN GENERAL PARTNERSHIPS:** Each person must complete and sign the DR 4679: Affidavit – Restriction on Public Benefits (available online or by calling 303-205-2300) and **attach a copy of their driver's license, state-issued ID or valid passport.**

**AFFIRMATION & CONSENT**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business <i>Kenneth R. Geigelman</i>	Title <i>President</i>
Signature <i>Kenneth R. Geigelman</i>	Date <i>5-9-14</i>

**REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY**

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. **THEREFORE THIS APPLICATION IS APPROVED.**

Local Licensing Authority For <b>Trinidad</b>	Date
Signature	Title <b>Mayor</b>
	Attest

6/16/14

DEPARTMENTAL INSPECTION REPORT  
3.2% BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE

Applicant: Trinidad Beer, Liquor & Wine Depot, LLC

dba: Trinidad Beer, Liquor & Wine Depot

Address: 111 E. Kansas Avenue

Type of License: Retail Liquor Store

Renewal  Transfer  Change of Location  New  Special Event

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: extinguishers need inspected

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6-17-14  
Date

[Signature]  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

6/16/14

DEPARTMENTAL INSPECTION REPORT  
3.2% BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE

Applicant: Trinidad Beer, Liquor & Wine Depot, LLC

dba: Trinidad Beer, Liquor & Wine Depot

Address: 111 E. Kansas Avenue

Type of License: Retail Liquor Store

Renewal  Transfer  Change of Location  New  Special Event

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: re-certify fine re-inspection

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.26.14  
Date

*Trini S. Halley*  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

6/16/2014

**DEPARTMENTAL INSPECTION REPORT  
3.2 % BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE**

Applicant's Name: Trinidad Beer, Liquor and Wine Depot, LLC

DBA: Trinidad Beer, Liquor and Wine Depot

Business Address: 111 E. Kansas

Type of License: Retail Liquor Store

Renewal     Transfer     Change of Location     New     Special Event

FOR CONSIDERATION AT

COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS:

No records found

6-26-14  
Date

Charles J. Glavin  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

DISCLOSURE STATEMENT

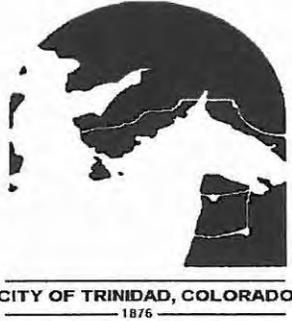
I, Michelle Miles, hereby state and affirm that I am a member of Opera House Wine & Spirits, LLC, a Colorado limited liability company formed on February 22, 2010, whose principal office address is 601 W. Main Street, Trinidad, Colorado, 81082; that said limited liability company owns and operates Tire Shop Wine & Spirits, a retail liquor store licensed entity, licensed under Title 12, Articles 46 or 47, CRS 1973, as amended of the State of Colorado and under Chapter 3 of the Municipal Code of the City of Trinidad, located at 601 W. Main Street, in the City of Trinidad, County of Las Animas, State of Colorado; that I hold a 99% interest in Opera House Wine & Spirits, LLC; and, that I am able to act independently upon liquor licensing matters that come before the Trinidad City Council, the local liquor licensing authority, of which I am a member.

  
\_\_\_\_\_  
Michelle Miles  
12/4/12  
\_\_\_\_\_  
Date

DISCLOSURE STATEMENT

I, Liz Torres, hereby state and affirm that I am a member of Ristras Restaurant and Cantina, LLC, a Colorado limited liability company formed on February 13, 2014, whose principal office address is 516 Elm Street, Trinidad, Colorado, 81082; that said limited liability company owns and operates Ristras Restaurant and Cantina, a hotel and restaurant licensed entity, licensed under Title 12, Articles 46 or 47, CRS 1973, as amended of the State of Colorado and under Chapter 3 of the Municipal Code of the City of Trinidad, located at 516 Elm Street, in the City of Trinidad, County of Las Animas, State of Colorado; that I hold a 34% interest in Ristras Restaurant and Cantina, LLC; and, that I am able to act independently upon liquor licensing matters that come before the Trinidad City Council, the local liquor licensing authority, of which I am a member.

  
\_\_\_\_\_  
Liz Torres  
4.8.14  
\_\_\_\_\_  
Date



## COUNCIL COMMUNICATION

**CITY COUNCIL MEETING:** July 1, 2014  
**PREPARED BY:** Audra Garrett, City Clerk  
**DEPT. HEAD SIGNATURE:** *Audra Garrett*  
**# OF ATTACHMENTS:** 7

**SUBJECT:** Temporary modification of premises request by Mt. Carmel Health, Wellness & Community Center at 911 Robinson Avenue

**PRESENTER:** Mt. Carmel Health, Wellness & Community Center, LLC

**RECOMMENDED CITY COUNCIL ACTION:** Consider approval of the modification as requested

**SUMMARY STATEMENT:** N/A

**EXPENDITURE REQUIRED:** No

**SOURCE OF FUNDS:** N/A

**POLICY ISSUE:** N/A

**ALTERNATIVE:** N/A

### BACKGROUND INFORMATION:

- The application is in order. The licensee seeks to temporarily modify the licensed premise for their annual Mt. Carmel Festival.
- According to the departmental reports, the Building Inspector, Fire Chief and Police Chief have expressed no concerns with the proposal, except the Fire Chief reminds that clear emergency access must be maintained.
- Disclosure statements provided by Council members Miles and Torres are attached.
- Appropriate fee has been paid.

## PERMIT APPLICATION AND REPORT OF CHANGES

**CURRENT LICENSE NUMBER** ~~0940~~ 0940  
**ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN**  
**LOCAL LICENSE FEE \$** 300.00  
**APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK TO ORDER CALL (303) 370-2165**

1. Applicant is a <input checked="" type="checkbox"/> Corporation ..... <input type="checkbox"/> Individual <input type="checkbox"/> Partnership ..... <input type="checkbox"/> Limited Liability Company	PRESENT LICENSE NUMBER <u>4701275</u>
---	--

2. Name of Licensee <u>Comm. Ctr</u> <u>Mt. Carmel Health, Wellness &amp;</u>	3. Trade Name <u>MOUNT CARMEL HEALTH, WELLNESS</u> <u>community center</u>
--	--

4. Location Address  
911 Robinson Ave.

City <u>Trinidad,</u>	County <u>LAS ANIMAS</u>	ZIP <u>81087</u>
--------------------------	-----------------------------	---------------------

**SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.**

Section A – Manager reg/change	Section C
• License Account No. _____  1983-750 (999) <input type="checkbox"/> Manager's Registration (Hotel & Restr.)..\$75.00  2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern).....\$75.00 <input type="checkbox"/> Change of Manager (Other Licenses) NO FEE	2210-100 (999) <input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00  2200-100 (999) <input type="checkbox"/> Wholesale Branch House Permit (ea).... 100.00  2260-100 (999) <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) .50.00  2230-100 (999) <input type="checkbox"/> Change Location Permit (ea)..... 150.00  2280-100 (999) <input type="checkbox"/> Change, Alter or Modify Premises \$150.00 x <u>2</u> Total Fee <u>300 -</u>
Section B – Duplicate License	
• Liquor License No. _____  2270-100 (999) <input type="checkbox"/> Duplicate License .....\$50.00	2220-100 (999) <input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____  1988-100 (999) <input type="checkbox"/> Addition of Related Facility to Resort Complex \$75.00 x _____ Total Fee _____

**DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY**

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
---------------------	------------------------	--------

-750 (999)	-100 (999)	The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.	<b>TOTAL AMOUNT DUE</b> \$ _____	.00
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## INSTRUCTION SHEET

FOR ALL SECTIONS, COMPLETE QUESTIONS 1-4 LOCATED ON PAGE 1

**Section A**

**To Register or Change Managers**, check the appropriate box in section A and complete question 8 on page 4. Proceed to the Oath of Applicant for signature (Please note: Hotel, Restaurant, and Tavern licensees are required to register their managers).

**Section B**

**For a Duplicate license**, be sure to include the liquor license number in section B on page 1 and proceed to page 4 for Oath of Applicant signature.

**Section C**

Check the appropriate box in section C and proceed below.

- 1) **For a Retail Warehouse Storage Permit**, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 2) **For a Wholesale Branch House Permit**, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 3) **To Change Trade Name or Corporation Name**, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 4) **To modify Premise**, go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 5) **For Optional Premises or Related Facilities** go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 6) **To Change Location**, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.

STORAGE PERMIT

**5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit**

Retail Warehouse Permit for:

- On-Premises Licensee (Taverns, Restaurants etc.)
- Off-Premises Licensee (Liquor stores)

Wholesalers Branch House Permit

Address of storage premise: \_\_\_\_\_

City \_\_\_\_\_, County \_\_\_\_\_, Zip \_\_\_\_\_

Attach a deed/ lease or rental agreement for the storage premises.  
 Attach a detailed diagram of the storage premises.

CHANGE TRADE NAME OR CORPORATE NAME

**6. Change of Trade Name or Corporation Name**

- Change of Trade name / DBA only
- Corporate Name Change (Attach the following supporting documents)

1. Certificate of Amendment filed with the Secretary of State, or
2. Statement of Change filed with the Secretary of State, and
3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.

Old Trade Name	New Trade Name
Old Corporate Name	New Corporate Name

CHANGE OF LOCATION

**7. Change of Location**

**NOTE TO RETAIL LICENSEES:** An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 12-47-311 (1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.

Date filed with Local Authority \_\_\_\_\_ Date of Hearing \_\_\_\_\_

(a) Address of current premises \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

(c) New mailing address if applicable.

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.

**CHANGE OF MANAGER**

**8. Change of Manager or to Register the Manager of a Tavern or a Hotel and Restaurant liquor license.**

(a) Change of Manager (attach Individual History DR 8404-I H/R and Tavern only)

Former manager's name \_\_\_\_\_

New manager's name \_\_\_\_\_

(b) Date of Employment \_\_\_\_\_

Has manager ever managed a liquor licensed establishment?..... Yes  No

Does manager have a financial interest in any other liquor licensed establishment?..... Yes  No

If yes, give name and location of establishment \_\_\_\_\_

**MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY**

**9. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility**

**NOTE:** Licensees may not modify or add to their licensed premises until approved by state and local authorities.

(a) Describe change proposed on July 18, 19, 2014 we are hosting the 4th Annual Summer Festival, most activities will place on our westside parking lot and amphitheater

(b) If the modification is temporary, when will the proposed change:

Start July 18, 2014 (mo/day/year) End July 20, 2014 (mo/day/year)

**NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00**

(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?

(If yes, explain in detail and describe any exemptions that apply) ..... Yes  No

(d) Is the proposed change in compliance with local building and zoning laws? ..... Yes  No

(e) If this modification is for an additional Hotel and Restaurant Optional Premises or Resort Complex Related Facility, has the local authority authorized by resolution or ordinance the issuance of optional premises?

..... N/A ..... Yes  No

(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.

(g) Attach any existing lease that is revised due to the modification.

**OATH OF APPLICANT**

I declare under penalty of perjury in the second-degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge

Signature <u>Amberly M. Schulte</u>	Title <u>Marketing &amp; Event Mgr.</u>	Date <u>6/16/14</u>
--	--	------------------------

**REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY / COUNTY)**

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended. **THEREFORE, THIS APPLICATION IS APPROVED.**

Local Licensing Authority (City or County) <u>Trinidad</u>	Date filed with Local Authority <u>R 6/16/2014 Filed 7/1/2014</u>	
Signature	Title <u>Mayor</u>	Date

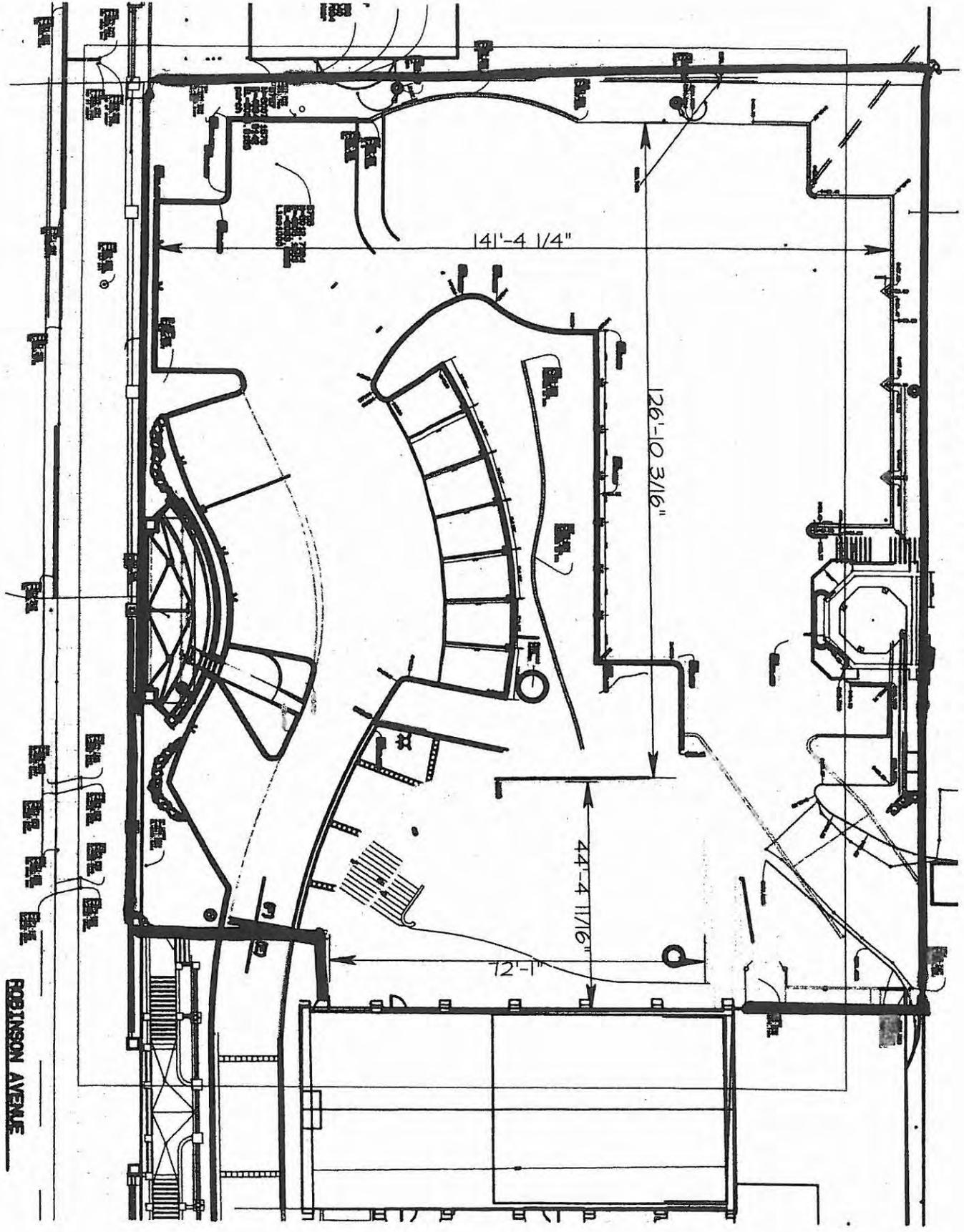
**REPORT OF STATE LICENSING AUTHORITY**

The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended

Signature	Title	Date
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PROPOSED Temporary MODIFICATION



ROBINSON AVENUE

6/16/14

DEPARTMENTAL INSPECTION REPORT  
3.2% BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE

Applicant: Mt. Carmel Health, Wellness & Community Center

dba:

Address: 911 Robinson Avenue

Type of License: TEMPORARY MODIFICATION OF PREMISES – July 18<sup>th</sup> Through 20<sup>th</sup>

Renewal  Transfer  Change of Location  New  Special Event

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: inspection on file -  
maintain clear emergency access.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6/16/14  
Date

[Signature]  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

6/16/14

DEPARTMENTAL INSPECTION REPORT  
3.2% BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE

Applicant: Mt. Carmel Health, Wellness & Community Center

dba:

Address: 911 Robinson Avenue

Type of License: TEMPORARY MODIFICATION OF PREMISES – July 18<sup>th</sup> Through 20<sup>th</sup>

Renewal  Transfer  Change of Location  New  Special Event

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: Approved

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.25.2014  
Date

Chris S. Kelly  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

6/16/14

DEPARTMENTAL INSPECTION REPORT  
3.2% BEER (FERMENTED MALT BEVERAGE)  
OR LIQUOR LICENSE

Applicant: Mt. Carmel Health, Wellness & Community Center

dba:

Address: 911 Robinson Avenue

Type of License: TEMPORARY MODIFICATION OF PREMISES – July 18<sup>th</sup> Through 20<sup>th</sup>

Renewal  Transfer  Change of Location  New  Special Event

FOR CONSIDERATION AT  
COUNCIL MEETING DATE: July 1, 2014

\*\*\*\*\*

DEPARTMENT REVIEW

DEPARTMENT: FIRE / INSPECTION / POLICE / HEALTH DEPARTMENT

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6-17-14  
Date

Charles J. Hewesi  
Signature

RETURN TO THE CITY CLERK'S OFFICE BEFORE: June 26, 2014

DISCLOSURE STATEMENT

I, Michelle Miles, hereby state and affirm that I am a member of Opera House Wine & Spirits, LLC, a Colorado limited liability company formed on February 22, 2010, whose principal office address is 601 W. Main Street, Trinidad, Colorado, 81082; that said limited liability company owns and operates Tire Shop Wine & Spirits, a retail liquor store licensed entity, licensed under Title 12, Articles 46 or 47, CRS 1973, as amended of the State of Colorado and under Chapter 3 of the Municipal Code of the City of Trinidad, located at 601 W. Main Street, in the City of Trinidad, County of Las Animas, State of Colorado; that I hold a 99% interest in Opera House Wine & Spirits, LLC; and, that I am able to act independently upon liquor licensing matters that come before the Trinidad City Council, the local liquor licensing authority, of which I am a member.

  
\_\_\_\_\_  
Michelle Miles  
12/4/12  
\_\_\_\_\_  
Date

DISCLOSURE STATEMENT

I, Liz Torres, hereby state and affirm that I am a member of Ristras Restaurant and Cantina, LLC, a Colorado limited liability company formed on February 13, 2014, whose principal office address is 516 Elm Street, Trinidad, Colorado, 81082; that said limited liability company owns and operates Ristras Restaurant and Cantina, a hotel and restaurant licensed entity, licensed under Title 12, Articles 46 or 47, CRS 1973, as amended of the State of Colorado and under Chapter 3 of the Municipal Code of the City of Trinidad, located at 516 Elm Street, in the City of Trinidad, County of Las Animas, State of Colorado; that I hold a 34% interest in Ristras Restaurant and Cantina, LLC; and, that I am able to act independently upon liquor licensing matters that come before the Trinidad City Council, the local liquor licensing authority, of which I am a member.

  
\_\_\_\_\_  
Liz Torres  
4.8.14  
\_\_\_\_\_  
Date



CITY OF TRINIDAD, COLORADO  
1876

## COUNCIL COMMUNICATION

8d

**CITY COUNCIL MEETING:** July 1, 2014  
**PREPARED BY:** Audra Garrett, City Clerk  
**DEPT. HEAD SIGNATURE:** *Audra Garrett*  
**# OF ATTACHMENTS:** 1

**SUBJECT:** Resolution determining that an election is required to consider one or more ballot issues and that such election should be held as a coordinated election

**PRESENTER:** Audra Garrett, City Clerk

**RECOMMENDED CITY COUNCIL ACTION:** Approval is recommended.

**SUMMARY STATEMENT:** N/A

**EXPENDITURE REQUIRED:** Yes, the proportional share of the actual costs incurred in the conduct of the coordinated election.

**SOURCE OF FUNDS:** City Clerk Budget, Special Elections Line Item

**POLICY ISSUE:** The resolution is a required filing with the Las Animas County Clerk and Recorder's Office under the Colorado election laws.

**ALTERNATIVE:** None

### BACKGROUND INFORMATION:

- July 25<sup>th</sup> is the last day for a political subdivision to notify the County Clerk in writing that it has taken formal action to participate in the General Election (100 days before the General Election).
- August 26<sup>th</sup> is the last day for intergovernmental agreements to be signed by the County Clerks and political subdivision (No later than 70 days before the General Election).
- September 5<sup>th</sup> is the last day for the designated election official of each political subdivision to certify the ballot order and content (No later than 60 days before the General Election).

8d



RESOLUTION NO.

A RESOLUTION OF THE CITY COUNCIL DETERMINING THAT AN ELECTION IS REQUIRED TO CONSIDER ONE OR MORE BALLOT ISSUES AND THAT SUCH ELECTION SHOULD BE HELD AS A COORDINATED ELECTION

WHEREAS, the City of Trinidad and Las Animas County entered into an Intergovernmental Agreement on August 20, 1993 for the administration of their respective duties concerning the conduct of the coordinated election held on November 2, 1993; and

WHEREAS, although the Agreement provides for automatic renewal unless terminated by one of the parties, actual use of the Agreement for any election by the City requires City Council to make a determination by Resolution, that an election is required and should be held as a coordinated election; and

WHEREAS, an election is required to consider one or more ballot issues; and

WHEREAS, City Council has determined that it is in the best interest of the City that the election to be held on November 4, 2014 should be held as a coordinated election for the reasons set forth in the Intergovernmental Agreement.

THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF TRINIDAD, COLORADO, that:

1. An election is required to consider one or more ballot issues.
2. The election to be held on November 4, 2014 should be held as a coordinated election.
3. A copy of this Resolution shall be delivered to the County Clerk at least one hundred (100) days prior to the date of the election.

INTRODUCED, READ AND ADOPTED this 1<sup>st</sup> day of July, 2014.

\_\_\_\_\_  
JOSEPH A. REORDA, Mayor

ATTEST:

\_\_\_\_\_  
AUDRA GARRETT, City Clerk



CITY OF TRINIDAD, COLORADO  
1876

## COUNCIL COMMUNICATION

*Se*

**CITY COUNCIL MEETING:** July 1, 2014  
**PREPARED BY:** Audra Garrett, City Clerk  
**DEPT. HEAD SIGNATURE:** *Audra Garrett*  
**# OF ATTACHMENTS:**

**SUBJECT:** Renewal of Intergovernmental Agreement with Las Animas County for the conduct of the November 4, 2014 Regular Election as a Coordinated Election

**PRESENTER:** Audra Garrett, City Clerk

**RECOMMENDED CITY COUNCIL ACTION:** Approval is recommended.

**SUMMARY STATEMENT:** N/A

**EXPENDITURE REQUIRED:** Yes, the proportional share of the actual costs incurred in the conduct of the coordinated election.

**SOURCE OF FUNDS:** City Clerk Budget, Special Elections Line Item

**POLICY ISSUE:** The IGA is a required filing with the Las Animas County Clerk and Recorder's Office under the Colorado election laws.

**ALTERNATIVE:** None

### BACKGROUND INFORMATION:

- July 25<sup>th</sup> is the last day for a political subdivision to notify the County Clerk in writing that it has taken formal action to participate in the General Election (100 days before the General Election).
- August 26<sup>th</sup> is the last day for intergovernmental agreements to be signed by the County Clerks and political subdivision (No later than 70 days before the General Election).
- September 5<sup>th</sup> is the last day for the designated election official of each political subdivision to certify the ballot order and content (No later than 60 days before the General Election).

*Se*

RENEWAL OF INTERGOVERNMENTAL AGREEMENT

This Renewal of Intergovernmental Agreement is made and entered into this 1<sup>st</sup> day of July, 2014 by and between the City of Trinidad ("City") and Las Animas County ("County"), collectively referred to herein as the "Parties", for continued administration of their respective duties concerning the conduct of the coordinated election to be held November 4, 2014.

WHEREAS, the "Parties" entered into the Intergovernmental Agreement ("Agreement") on August 20, 1993; and

WHEREAS, automatic renewal of the Agreement is subject to the provisions in Article 1 Purpose and General Matters, Section 1.04. Term, Renewal and Activation, Subsections A and B; and

WHEREAS, the City agrees to pay its proportional share of the actual costs incurred in conduct of the coordinated election upon receipt of an itemized statement by the "County". The actual costs are to be determined by the number of jurisdictions participating in the coordinated election to be held on November 4, 2014.

THEREFORE, the Parties agree that the Intergovernmental Agreement shall be renewed for conduct of a coordinated election to be held on November 4, 2014.

IN WITNESS WHEREOF, the Parties hereto have signed this RENEWAL OF INTERGOVERNMENTAL AGREEMENT, to be effective as of the date first written above.

CITY OF TRINIDAD

ATTEST:

\_\_\_\_\_  
Joseph A. Reorda, Mayor

\_\_\_\_\_  
Audra Garrett, City Clerk

LAS ANIMAS COUNTY

\_\_\_\_\_  
Bernard Gonzales, Clerk and Recorder

Date \_\_\_\_\_



## COUNCIL COMMUNICATION

**CITY COUNCIL MEETING:** July 1, 2014  
**PREPARED BY:** Audra Garrett, City Clerk  
**DEPT. HEAD SIGNATURE:** *Audra Garrett*  
**# OF ATTACHMENTS:** 3

*sf*

**SUBJECT:** Housing Authority Appointment

**PRESENTER:**

**RECOMMENDED CITY COUNCIL ACTION:** Select an appointee for the five-year term commencing 7/1/14 – 7/1/19

**SUMMARY STATEMENT:** N/A

**EXPENDITURE REQUIRED:** No

**SOURCE OF FUNDS:** N/A

**POLICY ISSUE:**

**ALTERNATIVE:** N/A

### BACKGROUND INFORMATION:

- Correspondence was received from the Trinidad Housing Authority reminding of the pending expiration of Arsenio Vigil's term on the Board and requesting his reappointment.
- Arsenio Vigil submitted a letter expressing interest in re-appointment.
- Advertisement for board vacancies was had.
- Past practice has been that this be a mayoral appointment with Council consent.

*sf*

# HOUSING AUTHORITY OF THE CITY OF TRINIDAD

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COMMISSIONERS

Jennie Garduno  
Marie George  
Duane Roy  
Helen Veltri  
Arsenio Vigil

128 W. 1<sup>ST</sup> STREET  
TRINIDAD, CO 81082  
719-846-7204  
FAX 719-846-8217  
TDD 1-800-545-1833 Ext. 297

EXECUTIVE DIRECTOR

Rosemarie Shier

[trinipop@qwestoffice.net](mailto:trinipop@qwestoffice.net)

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June 3, 2014

The Honorable Joe Reorda  
Mayor  
City of Trinidad  
135 N Animas  
Trinidad, Colorado 81082

Dear Mr. Reorda,

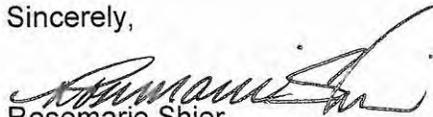
On June 30, 2014, Detective Sergeant Arsenio "Archie" Vigil's term as a Commissioner of the Housing Authority of the City of Trinidad expires. I am requesting that Detective Sergeant Vigil be reappointed to serve a full 5-year term effective July 1, 2014.

Detective Sergeant Vigil was recruited to complete the unexpired term of former Trinidad Housing Authority Commissioner, Lou Girodo. It was our hope that by appointing an officer of the Trinidad Police Department, a partnership between the Trinidad Police Department and the Housing Authority would be forged to better protect Authority tenants and the community at large from the crime and drug abuse that is often associated with low income housing. Detective Vigil did not disappoint. His extensive law enforcement experience and expertise has proven to be a valuable and frequently used resource for the Authority.

Officer Vigil is a dedicated public servant. He cares deeply about this community. He puts his life on the line daily to serve and protect. He is not only an asset to the Trinidad Housing Authority; he is an asset to Trinidad.

I am available to further discuss Detective Sergeant Vigil's qualifications at your convenience.

Sincerely,



Rosemarie Shier  
Executive Director

cc: Commission Chair: Arsenio Vigil,  
Commissioners: Jennie Garduno  
Marie George  
Duane Roy  
Helen Veltri

June 9<sup>th</sup>, 2014

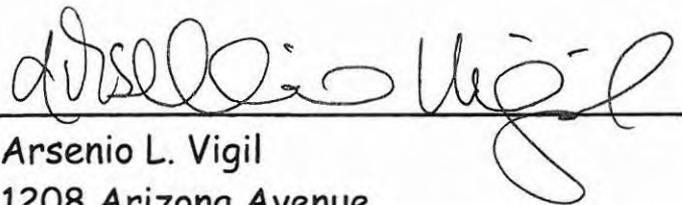
Honorable Mayor Joseph Reorda  
Distinguished City Council Members  
City of Trinidad  
City Council

At the end of June, 2014 my current term to the Board of Commissioners with the City of Trinidad Housing Authority will expire, after a very successful and rewarding first term.

It has involved a great deal of learning and becoming familiar with Federal Housing Policies and how they apply to a Housing Authority, regarding applicants and governing rules and applications. My mother, who is now deceased, was residing at the Corazon Square at the time of my initial appointment to the board, and she absolutely loved being a resident there.

I am currently the elected Chairman of the Commission, elected by my peers on the board, and I am seeking a second term and re-appointment to this board to continue the hard work and rewarding position that this appointment offers.

I wish to thank you for your consideration and time. If you have any questions of me, I can be reached at (719) 859-1489 at any time.

A handwritten signature in black ink, appearing to read "Arsenio L. Vigil", written over a horizontal line.

Arsenio L. Vigil  
1208 Arizona Avenue  
Trinidad, Colorado. 81082

## PUBLIC NOTICE

The Trinidad City Council is accepting letters of interest from citizens within the City to fill the following vacancies:

one (1) on the Housing Authority; and  
one (1) on the Tourism Board; and  
one (1) on the Parks & Recreation Advisory Committee; and  
five (5) on the Urban Renewal Authority Board; and  
one (1) on the City Tree Board.

In order to be considered eligible to serve individuals must be a resident of the City and have resided within the City for not less than one year immediately preceding appointment and must be registered to vote. However, in order to serve on the Tourism Board an applicant shall be either residents and registered voters of the City of Trinidad, or residents and registered voters of Las Animas County, Colorado, who is employed in a restaurant operation within the City of Trinidad.

Letters of interest in serving on any of these boards will be accepted at the City Clerk's Office at City Hall, 135 N. Animas Street or P. O. Box 880, Trinidad, CO 81082, until 12:00 p.m., June 27, 2014. Please include your qualifications for the position.

Further information may be obtained by calling the City Clerk's Office at 846-9843.

City of Trinidad  
Audra Garrett, City Clerk

Publish: June 20, 25  
Legal ad  
Furnish Proof of Publication