

Colorado Marijuana Licensing Authority  
**Regulated Marijuana Business License Application**

<b>License Types</b>				
<input checked="" type="checkbox"/> New Retail		<input type="checkbox"/> New Medical		
<input checked="" type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Retail Marijuana Cultivation Facility <input type="checkbox"/> Retail Marijuana Testing Facility <input type="checkbox"/> Retail/Medical Marijuana Combined Use - Combined with Lic. # _____ <input type="checkbox"/> Retail Marijuana Business Operator <input type="checkbox"/> Retail Marijuana Transporter <input type="checkbox"/> Retail Marijuana Transporter No Premises				
<input type="checkbox"/> Medical Marijuana Store <input type="checkbox"/> Medical Marijuana Transporter <input type="checkbox"/> Medical Marijuana Products Manufacturer <input type="checkbox"/> Medical Marijuana Transporter No Premises <input type="checkbox"/> Medical Marijuana Testing Facility <input type="checkbox"/> Marijuana Research & Development Facility <input type="checkbox"/> Medical Marijuana Business Operator <input type="checkbox"/> Medical Marijuana Cultivation Facility				
Applicant's Legal Business Name (Please Print) Golden Rookie LLC				
Registered Trade Name (DBA) N/A				
Federal Taxpayer ID 88-2688904		Colorado Sales Tax License # 882688904		Name of Registered Agent (with CO Secretary of State) Alaameen Abdool
<b>Physical Address</b>				
Street Address of Marijuana Business 605 Grand Avenue				Business Phone Number 970-712-1503
City Grand Junction	County Mesa	State CO	ZIP 81501	Email Address VickiSanger@live.com
<b>Mailing Address (if different from Physical Address)</b>				
Address 322 Nth 6th St. #2		City Grand Junction	State CO	ZIP 81501
<b>Main Business Contact Person Information</b>				
Primary Contact Person for Business Alaameen Abdool				Primary Contact Phone Number 970-712-1503
Primary Contact Email VickiSanger@live.com				
Physical Address of Contact Person 322 Nth 6th St. #2				
City Grand Junction			State CO	ZIP 81501
Jurisdiction of Incorporation or Creation of Business Entity State of Colorado				Date June-7-2022
If a Corporation, List all Jurisdictions Where the Corporation is Authorized to Conduct Business				

**Ownership Structure - Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, managers and any other individual that Controls the RMB.**

Name Alaameen Abdool				SSN/FEIN 146-08 0462	DOB 0814-1992	License Number 17-188-9986
Address (Home) 322 Nth 6th St. #2		City G.J.	State/Prov CO	ZIP 81501	Phone Number 970-712-1503	
Business Associated with (Parent business or sub-entity)			Own. % Entity 100%		Own. % in Applicant 100%	

Name N/A				SSN/FEIN	DOB	License Number
Address (Home)		City	State/Prov	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Entity		Own. % in Applicant	

Name				SSN/FEIN	DOB	License Number
Address (Home)		City	State/Prov	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Entity		Own. % in Applicant	

Name				SSN/FEIN	DOB	License Number
Address (Home)		City	State/Prov	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Entity		Own. % in Applicant	

Name				SSN/FEIN	DOB	License Number
Address (Home)		City	State/Prov	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Entity		Own. % in Applicant	

Name				SSN/FEIN	DOB	License Number
Address (Home)		City	State/Prov	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Entity		Own. % in Applicant	

Name				SSN/FEIN	DOB	License Number
Address (Home)		City	State/Prov	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Entity		Own. % in Applicant	

Name				SSN/FEIN	DOB	License Number
Address (Home)		City	State/Prov	ZIP	Phone Number	
Business Associated with (Parent business or sub-entity)			Own. % Entity		Own. % in Applicant	

Are there any outstanding options, warrants or contracts, that may be exercised into an Owner's Interest in the RMB within the next 60 days that would constitute a CBO? *If YES, attach list of persons	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
Are there any other Persons, other than those listed in the Ownership Structure, that can control the RMB? *If YES, attach list of persons	<input type="checkbox"/> <input checked="" type="checkbox"/>

Printed Legal Business Name <b>Golden Rookie LLC</b>	Printed Trade Name (DBA) <b>N/A</b>
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**Indirect Financial Interest Holder - List those with 2 or more interests (PBO, lease, Intellectual Property agreements, finance and/or equipment lease agreements, etc.) or loans that are 50% or more of the operating capital as defined in Rule 2-230(A)(3).**

Name of Interest Holder <b>Alaameen Abdool</b>	Date of Birth <b>08-14-1992</b>	FEIN/SSN <b>88-2688904</b>	Address <b>322 N 6th St # 2 Grand Junction CO 81501</b>
List Types of Interests <b>owner / president</b>			
Name of Interest Holder	Date of Birth	FEIN/SSN	Address
List Types of Interests			
Name of Interest Holder	Date of Birth	FEIN/SSN	Address
List Types of Interests			
Name of Interest Holder	Date of Birth	FEIN/SSN	Address
List Types of Interests			
Name of Interest Holder	Date of Birth	FEIN/SSN	Address
List Types of Interests			

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) under the age of twenty-one years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. <b>MEDICAL ONLY</b> Are the premises to be licensed within 1000 feet of a school (as defined in 10-103(67), 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.	<input type="checkbox"/> <input type="checkbox"/> <b>N/A</b>
3. Do you have or will you have possession of a licensed premises?	<input checked="" type="checkbox"/> <input type="checkbox"/>
4. Are you a Person (Entity) applying for a license at a location that is currently licensed as a retail food establishment? If YES, provide details on a separate sheet and attach any applicable documents.	<input type="checkbox"/> <input checked="" type="checkbox"/>
5. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.	<input type="checkbox"/> <input checked="" type="checkbox"/>
6. Has a judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign 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 applicable documents.	<input type="checkbox"/> <input checked="" type="checkbox"/>
7. In the past year, has the applicant (including any parent companies), been indicted, served with a criminal summons, charged with or convicted of ANY crime or offense in any manner? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty. If YES, provide details on a separate sheet and attach any applicable documents.	<input type="checkbox"/> <input checked="" type="checkbox"/>
8. Has the applicant filed all Finding of Suitability applications required by the Division?	<input type="checkbox"/> <input type="checkbox"/>

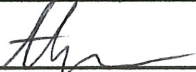
<b>Local Licensing Authority (To be completed by Applicant)</b>	
Local Licensing Authority	Local Licensing Authority contact name
Contact Phone	Contact Email
Does the local licensing authority permit this type of business in their jurisdiction?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## Affirmation & Consent

I/We, Alaameen Abdool, as an owner(s) for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Regulated Marijuana Business License Application statements, attachments, and supporting schedules are true and correct to the best of my/our knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I/We am/are aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the marijuana business application. I/We am/are voluntarily submitting this application to the Colorado Marijuana Licensing Authority, under oath, with full knowledge that I/We 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/We further consent to any background investigation necessary to determine my/our present and continuing suitability and that this consent continues as long as I/We hold a Colorado 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(s) electronically.

**Print Full Legal Name of Owner clearly below:**

Applicant's Legal Business Name <u>Golden Rookie LLC</u>		Trade Name (DBA) <u>N/A</u>	
Last Name of Owner (Please Print) <u>Abdool</u>	First Name of Owner <u>Alaameen</u>	Middle Name of Owner <u>N/A</u>	
Signature 			Date <u>May-10-2022</u>
Last Name of Owner (Please Print) <u>N/A</u>	First Name of Owner	Middle Name of Owner	
Signature			Date
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date

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**Note:** If there are more than four (4) owners, please use a second Affirmation & Consent page.

# Tax Check Authorization and Request To Release Information


I Alaameen Abdool am signing this waiver on behalf of Golden Rookie LLC (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 44-10-202(1) and 44-10-307(1)(e), C.R.S. This waiver is made pursuant to section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an employee license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file any state tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

Applicant/Licensee authorizes the Colorado Department of Revenue and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist the Colorado Department of Revenue and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).


Applicant's Name (Individual/Business) <u>Alaameen Abdool / Golden Rookie LLC</u>		Social Security Number/Tax Identification Number <u>146-08-0462</u> <u>88-2688904</u>	
Street Address <u>605 Grand Avenue</u>		City <u>Grand Junction</u>	State <u>CO</u>
Home Telephone Number <u>(970) 712-1503</u>		Business/Work Telephone Number <u>N/A</u>	
Legal Last Name (Please Print) <u>Abdool</u>		Legal First Name <u>Alaameen</u>	Full Middle Name <u>N/A</u>
Applicant's Signature 		Date <u>May-10-2022</u>	

# Investigation Authorization/Authorization to Release Information

I, Alaameen Abdool, 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 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.

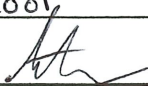
The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado,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

Applicant's Legal Business Name <u>Golden Rookie LLC</u>		Trade Name (DBA) <u>N/A</u>	
Last Name of Owner (Please Print) <u>Alaameen</u>	First Name of Owner <u>Alaameen</u>	Middle Name of Owner <u>N/A</u>	
Signature 			Date <u>May-10-2022</u>

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## Applicant's Request to Release Information

TO: (Leave this Blank)		FROM: (Applicant's Printed Name) <i>Alaameen Abdool</i>	
<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. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.</li> <li>4. 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>5. 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>6. This power of attorney ends twenty-four (24) months from the date of execution.</li> <li>7. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant.</li> <li>8. 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>9. 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 Legal Business Name <i>Golden Rookie LLC</i>			
Trade Name (DBA) <i>N/A</i>			
Applicant's Last Name (Please Print) <i>Abdool</i>		First Name <i>Alaameen</i>	Full Middle Name <i>N/A</i>
Signature 		Date <i>May 10, 2022</i>	

## AFFIRMATION OF REASONABLE CARE – PRIVATE COMPANY

Pursuant to subsections 44-10-309(4) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Passive Beneficial Owners, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, Alaameen Abdool, as Controlling Beneficial Owner or Manager for  
Print

Golden Rookie LLC, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature



Date

May-10-2022

N/A

## AFFIRMATION OF REASONABLE CARE – PUBLICLY TRADED CORPORATION

Pursuant to subsections 44-10-309(5) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Non-objecting Passive Beneficial Owner, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, \_\_\_\_\_, as Controlling Beneficial Owner or Manager for  
Print

\_\_\_\_\_, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

Date



# Addendum A - NEW Business Application

N/A

## Publicly Traded Company (PTC)

Please provide:

Stock Trading Symbol	Name of Exchange(s) Traded On	NAICS/SIC Code
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Identify all regulatory agencies with oversight over the PTC's securities

Reporting agencies required reports submitted on:

Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)	Number
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Provide a description of the Publicly Traded Company's business and documents establishing the Publicly Traded Company (PTC) qualifies to hold a RMB license as referenced in 44-10-103 (50).

Description

Attach a divestiture plan of any CBO that is prohibited by Section 44-10-307 that has had his or her Owner's License revoked or has been found unsuitable.

Attach the most recent list of Non-Objecting Beneficial owners possessed by the PTC.

Identify the type of permitted transaction, i.e. Merger, Investment, or Public Offering and attach all supporting documentation.

### Questions

Confirm that the PTC is current with all required filings pursuant to any applicable requirements by any securities regulatory authority including, but not limited to, the United States Securities and Exchange Commission or the Canadian Securities Administrators.

All Current     Not Current (If not, explain on a separate sheet)

Confirm that all mandatory filings for CBO's as required by any securities regulatory authority, including, but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators, have been filed and the MED has been provided concurrent notice with the filing. If No, explain on a separate sheet:

YES     NO

## Addendum B - NEW Business Application

### Qualified Private Fund (QPF)

Please provide:

Identify all regulatory agencies with oversight over the QPF's securities

Home Loan State Bank

Reporting agencies required reports submitted on:

Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)

N/A

Number

Provide a description of the QPF's business and documents establishing the QPF's qualifies to hold a RMB license.

Description

N/A

### Questions

Confirm that the QPF is current with all required filings pursuant to any applicable requirements by any securities regulatory. N/A

All Current  Not Current (If not, explain on a separate sheet)

Confirm that ALL required findings of suitability, including all QPF managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB, have been obtained PRIOR TO the QPF becoming effective. If No, explain on a separate sheet:

YES  NO

# Addendum C - NEW Business Application

Qualified Institutional Investor (QII) *N/A*

## Please provide

Identity(ies) of all Regulators with oversight over the QII's securities

Reporting agencies required reports submitted on

Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)	Number
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Provide a description of the QII's business and documents establishing the QII's qualifies to hold a RMB license.

## Questions

1. Confirm that the QII is current with all required filings pursuant to any applicable requirements by any securities regulatory.

Current  
 Not Current

If Not Current, explain.

2. Confirm that ALL required findings of suitability including all QII managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB have been obtained PRIOR TO the QII becoming effective

Yes  No

**Addendum D**

N/A

Not applying for R + D license

<b>MARIJUANA RESEARCH AND DEVELOPMENT FACILITY ONLY</b> <b>(Disregard if you are not applying for an R &amp; D license)</b>	
1. Is the Applicant currently either a Marijuana Research and Development Facility Licensee ("Licensed Research Business")? If yes, attach copies of the Conditional Medical Marijuana Business License issued by the State Licensing Authority, relevant local licensing authority issued license information, and any approved Research Projects.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Does the License Research Business or Applicant, or parent or subsidiary of the thereof, possess a Medical Marijuana Testing Facility License issued by the State Licensing Authority? If yes, provide details in a <b>separate document</b> that address, at minimum, physical separation requirements of the Licensed Premises and marijuana inventory.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Is there a separate Research Project proposal attached to this application that the Licensed Research Business or Applicant intends for the Division to review for its approval determination? a. If yes, proceed to question 4 below. b. If yes, the total application fee paid at the time of submission must include the fee amount for the Licensed Research Business application and Research Project proposal review c. If no, proceed to question 13 below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Does the Research Project proposal contain a description of the proposed Research Project, including at a minimum, the specific authorized research activity for which the Research Project may be authorized, defined protocols, clearly articulated goals, defined methods and outputs, defined start and end date, and the proposed quantity of Medical Marijuana, Medical Marijuana Concentrate, and/or Medical Marijuana-Infused Product reasonably required to conduct the proposed Research Project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. In the Research Project proposal, this application, and/or any supplemental document(s), has the Licensed Research Business or Applicant disclosed all Persons who have, are, or will provide any funding for the proposed Research Project, including at a minimum, any Person who has funded or intends to fund the Licensed Research Business and/or proposed Research Project who does not hold a license issued by the State Licensing Authority and is neither a CBO nor a PBO, as an IFIH?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. In the Research Project proposal and/or any supplemental document(s), is there disclosed any contract or agreement, or memorialization thereof, that has been entered by the Licensed Research Business or Applicant with another Marijuana Research Business or public education research institution to conduct the proposed Research Project? If yes, include copies of any such documents.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Is the proposed Research Project to be conducted in whole or in part with a Public Institution or Public Money?  a. If yes, does the Research Project proposal contain all information required by section 44-10-507, C.R.S., and the Rule 5-705 series, 1 CCR 212-3, and in order to permit review of the proposed Research Project by the Scientific Advisory Council?  b. If yes, does the Research Project proposal and/or any supplemental documents include disclosure(s) of any contract or agreement, or memorialization thereof, entered by the Licensed Research Business or Applicant to conduct the proposed Research Project with Public Funds or a Public Institution? If yes, attach copies of each.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Is the proposed Research Project to be conducted entirely with private funding?  a. If yes, has the Licensed Research Business or Applicant nominated one or more independent reviewer(s) for the proposed Research Project? If yes, proceed to part (b).  b. If yes, has the Licensed Research Business or Applicant provided in the Research Project proposal and/or other documents proof that each nominated independent reviewer is a qualified researcher in the field of study that's related to the proposed Research Project? If no, the Division will not determine whether the nominated independent reviewer is qualified or review the Research Project proposal. If yes, proceed to part (c).  c. If yes, has the Licensed Research Business or Applicant disclosed all pre-existing financial, employment, business, or personal relationships between the Licensed Research Business or any of its Owner Licensees and each independent reviewer nominee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>9. Does the proposed Research Project involve and/or contemplate any Pesticide research activities?</p> <p>a. If yes, has the Licensed Research Business or Applicant applied for and received any necessary license, registration, certification, or permit from the Colorado Department of Agriculture? If yes, provide copies or other documentation.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>10. Does the proposed Research Project involve and/or contemplate any human subject research activities?</p> <p>a. If yes, has the Licensed Research Business or Applicant received approval and ongoing oversight and review of all aspects of the proposed Research Project by an Institutional Review Board that is registered and in good standing with the Office for Human Research Projects, United States Department of Health and Human Services? If yes, provide copies and/or other documentation evidencing such approval and oversight.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>11. Does the proposed Research Project involve and/or contemplate any animal subject research activities?</p> <p>a. If yes, has the Licensed Research Business or Applicant provided current registration with the United States Department of Agriculture? If yes, attach a copy.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>12. Does the proposed Research Project involve marijuana testing research activities?</p> <p>a. If yes, has the Licensed Research Business or Applicant provided proof and/or documentation that the applicant is qualified to test Medical Marijuana, Medical Marijuana Concentrate, and/or Medical Marijuana-Infused Products pursuant to at least one of the criteria in Rule 5-720, 1 CCR 212-3?</p> <p>b. If yes, has the Licensee provided proof and/or documentation that the applicant is qualified to test Medical Marijuana, Medical Marijuana Concentrate, and/or Medical Marijuana-Infused Products pursuant to Rule 5-415, 1 CCR 212-3?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>13. If applicant has not attached a separate Research Project proposal to this application, what is the approximate date that the applicant plans to submit to the Division the Research Project proposal? _____ (MM/DD/YYYY)</p> <p>a. If the separate Research Project proposal is the first to be submitted by a Licensed Research Business, then the submission of the Research Project proposal must occur within 12-months from the date the Division issued the Licensed Research Business License.</p> <p>b. Any Research Project proposal submitted after this application must be submitted pursuant to the procedures established by the Division.</p> <p>c. The fee cost for Division review is due at the time the Research Project proposal is submitted. <span style="float: right;">N/A</span></p>	
<p>14. Will this business be co-located? (May only be co-located with a commonly owned MIP, OPC, RMPM or RMC)</p> <p>* If YES, please fill out DR 8542 and include with this application</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>