

*Shovne*

Grand County  
 Grand County Clerk and Recorder  
 308 Byers Avenue; PO Box 120  
 Hot Sulphur Springs, Colorado 80451  
 970-725-3064  
 grandclerk@co.grand.co.us

GRAND COUNTY  
 CLERK AND RECORDER  
 2019 AUG 1 PM 4:42

## Grand County Business License Application

- |  |                         |  |
|--|-------------------------|--|
| <input checked="" type="checkbox"/> New License  | <b>Type of License:</b> | <input checked="" type="checkbox"/> Retail Marijuana Store               |
| <input type="checkbox"/> Renewal                 |                         | <input type="checkbox"/> Retail Marijuana Cultivation Facility           |
| <input type="checkbox"/> Modification of Premise |                         | <input type="checkbox"/> Retail Marijuana Infused Products Manufacturer  |
| <input type="checkbox"/> Change of Location      |                         | <input type="checkbox"/> Medical Marijuana Center                        |
|  |                         | <input type="checkbox"/> Medical Marijuana Optional Premise Cultivation  |
|  |                         | <input type="checkbox"/> Medical Marijuana-Infused Products Manufacturer |

**Note:** County staff members are not permitted to provide legal advice regarding the marijuana business license application process. Applicants should carefully review all local and state regulations prior to submission.

The application fee is non-refundable. It is recommended that applicants familiarize themselves with Grand County regulations relating to marijuana licensing, including ordinances, zoning codes, building codes, and licensing regulations. Material that may be helpful to this review can be found at [www.co.grand.co.us](http://www.co.grand.co.us).

Any local license issued under these regulations shall be valid for a period of one (1) year from the date of issuance. Applicants for renewal shall be processed in the same manner as new licenses. Applicants shall submit a renewal application at least forty-five (45) days before the expiration of the license. A late fee will be assessed if the application is received after the expiration date. The Local Authority shall not notify the license holders of the expiration date.

If the application is approved by Grand County, applicants may request a copy of the Board of County Commissioners' resolution showing the approval. The applicant shall NOT begin any business operation for the purpose of cultivation, manufacture, sale, or testing of marijuana until after licenses have been issued by both the State and Local Authority. Both licenses must be posted in a conspicuous location, visible to the public within the premises.

Attached is a list of the required documentation that must accompany an application to the Local Authority. Failure to provide the required documents or other documents deemed necessary by the Local Authority in sufficient detail to determine full compliance with State and Local Regulations shall be grounds for denial of the application.

All documents must be typed or legibly printed in ink. Submit your complete application packet to Grand County Clerk and Recorder, PO Box 120, 308 Byers Avenue, Hot Sulphur Springs, CO 80451, Monday through Friday 8:30 a.m. and 4:00 p.m. unless the courthouse is closed for a holiday. All applications and supporting documents must be provided in the form of paper documents. No faxes, emails or other electronic submissions will be accepted. A complete application should be submitted at one time rather than piecemeal. If an applicant has questions regarding the application or licensing process, it is recommended that an appointment be scheduled in advance. Generally, Wednesdays and Thursdays are the best days to schedule an appointment.

Review of an application will not begin until the County has received a **complete** application and all required supporting documentation. An approved provisional state license is required in order to have a complete application. Grand County does not do concurrent reviews. The applicant will be notified of issues and concerns found in the review and will have an opportunity to resolve those issues. Once issues are resolved, a public hearing will be scheduled with the Grand County Board of County Commissioners.



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Entity Name: Igadi, Ltd.

Trade Name: Igadi

Type of Corporate Structure:  Corporation  Limited Liability Company  Partnership  Other \_\_\_\_\_

State License No.: TBD State License Expiration Date: TBD

EIN: [REDACTED] State Sales Tax No.: [REDACTED]

Facility Address: 843 West Agate Ave, Unit A

City: Granby State: CO Zip Code: 80446

Mailing Address: PO Box 3228

City: Winter Park State: CO Zip Code: 80482

Primary Contact: Name David Michel

Phone: 970-509-9119 Email: dmichel@igadiltd.com

Property:  Owned  Leased

Name(s) of Property Owner(s): Northwest Land Co.

Mailing Address: 600 Josephine St, Denver, CO 80206

Phone: 303.534.5125 Email: howenmc dougal@hotmail.com

Expiration Date of Lease (if applicable): April 30, 2024

Zoning of Property: Tourist/T

**Oath of Applicant:** I declare under penalty of perjury that this application and all attachments are true, correct and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Grand County Ordinance and the Marijuana Enforcement Divisions Rules and Regulations which govern my marijuana license.

Authorized Signature: [REDACTED] Date: 7-12-19

Printed Name: David G. Salturelli Title: Manager

**Statement of Understanding and Agreement  
Grand County Clerk and Recorder**

The undersigned represents that the undersigned is fully authorized to act upon behalf of the Licensee, is authorized to bind the Licensee, and makes the following representations and agreements on behalf of the Licensee:

The Licensee, its principals, officers and employees must know and comply with all state and local laws and regulations governing medical and retail marijuana including but not limited to Article 43.3 of Title 12 and Article 43.4 of Title 12, Colorado Revised Statutes, as well as 1 CCR 212-1 and 1 CCR 212-2 of the Colorado Code of Regulations, and Grand County Resolution No. 2014-1-26 and Ordinance #14 and #14-1.

In particular, and not in limitation of the foregoing, the Licensee is specifically aware of the following laws, regulations and obligations (please initial by each statement):

DS Licensee will not cultivate, sell, dispense, possess or test any marijuana on the licensed premises prior to being issued a license to do so by both the State Licensing Authority and the local licensing authority.

DS The licensed premises must comply with all security and surveillance requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code and the rules and regulations promulgated in accordance with the Codes before the Licensee can cultivate, sell, dispense, possess or test any marijuana on the licensed premises.

DS Licensee must continuously possess and maintain possession of the premises for which the license is issued by ownership, lease, rental or other arrangement of possession of the premises.

DS Licensee is required to keep a complete set of all records necessary to show fully the business transactions of the Licensee, all of which shall be open at all times during business hours for inspections and examination by the State Licensing Authority, the local licensing authority, or their duly authorized representatives.

DS The entirety of the licensed premises, including any places of storage where medical marijuana and/or retail marijuana and/or infused products are stored, sold, dispensed or tested is subject to inspection by the state or local jurisdictions and their investigators, during all business hours and any times of apparent activity.

DS Licensee shall retain all books and records necessary to show fully the business transactions of the business for a period of the current tax year and the three preceding tax years.

ds Licensee must use the State's Inventory Tracking System as my primary inventory tracking system of record and to follow all the rules and guidelines set forth for the use of the system.

ds Licensee understands any medical marijuana and/or retail marijuana and/or infused product must meet the labeling and packaging requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code and all rules or regulations promulgated in accordance with the Codes.

ds All areas of ingress or egress to limited access areas shall be clearly identified as such by a sign as designated by the State Licensing Authority.


ds Licensee is required to allow access to the entirety of the licensed premise to the State Licensing Authority and the Local Licensing Authority as well as their agents as required for the purpose of conducting inspections for the initial licensing process, throughout each license term, and for annual renewals of the license.

ds Licensee has disclosed all persons and/or entities with any ownership interest, and all officers and directors, whether they have an ownership interest or not. If an entity has interest, all persons associated with such entity and their ownership in the entity and their effective ownership in the license have been disclosed.

I have read all of the above information and understand all of the Licensee's and my responsibilities as a medical marijuana and/or retail marijuana business licensee. I, for myself and on behalf of Licensee further understand that failure to comply with any law, regulation, or the provisions of this Statement may be grounds for disciplinary action including, but not limited to the suspension or revocation of the license and a monetary penalty after an administrative hearing.

Licensee's Business Name: IgadI, Ltd.

Business License Number: TBD

Owner's Signature: 

Date: 7-12-19



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**AFFIDAVIT OF LAWFUL PRESENCE IN THE UNITED STATES**

I, David G. Salturelli, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal Law, according to the following type of authorization:

I understand that this sworn statement is required by law because I have applied for a license or permit which falls under the definition of a public benefit. I understand that Colorado state law requires me to provide one of the following forms of proof that I am lawfully present in the United States prior to receipt of this benefit:

- Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired one year or less. (Temporary paper license with invalid Colorado Driver's License, Colorado Drivers Permit, or Colorado Identification Card, expired one year or less is acceptable).
- Out-of-state issued photo driver's license or photo identification card, photo driver's permit expired one year or less.
- U.S. Passport expired less than 10 years.
- Valid foreign passport with I-94 or valid processed for I551 stamps.
- Valid I551 Resident Alien/Permanent Resident card. No border crosser or USA B1/B2 Visa/BCC cards.
- Valid I688 Temporary Resident, I688B, and I766 Employment Authorization Card with intact photo.
- Valid US Military ID (active duty, dependent, retired, reserve and National Guard).
- Tribal Identification Card with intact photo. (U.S. or Canadian).
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.

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 received. Furthermore, I understand it is unlawful for me to offer, use or attempt to offer or use any evidence of my identification where such identification is false, fraudulent or incorrect in any manner or way, or which misrepresents me, or which does not belong to me, or which is altered, forged, defaced, or changed in any respect; except such changes as are required or authorized by law; such unlawful use or offer of false identification is punishable under the criminal laws of the state of Colorado.

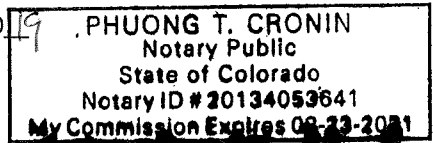
**SIGNATURE MUST BE WITNESSED BY NOTARY**

Signature of Affiant \_\_\_\_\_



Date 7/11/19

Subscribed and sworn to before me on this 11<sup>th</sup> day of July, 2019



**Owner & Manager Information:** You must list all officers, directors, general partners, managing members, stockholders, partners, members and managers. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Please attach additional pages if necessary.

1st Contact	Name (First and Last)	Home Address (Street, City, State, Zip Code)	Date of Birth (mm/dd/yy)								
	David G. Saturelli	<table border="1"> <tr> <td>Email Address</td> <td>Phone Number</td> <td>Position</td> </tr> <tr> <td>dsalturelli@igadilt.com</td> <td></td> <td>Manager</td> </tr> </table>	Email Address	Phone Number	Position	dsalturelli@igadilt.com		Manager	<table border="1"> <tr> <td>% Ownership</td> </tr> <tr> <td>100%</td> </tr> </table>	% Ownership	100%
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