



## **MEDICAL MARIJUANA SALES/DISPENSING IN GREELEY**

### **Frequently Asked Questions**

**November 17, 2009**

In October 2009, the Greeley City Council considered options to regulate the cultivation and sale of medical marijuana by “Primary Care Givers” to “Patients” as defined under Section 14 of Article XVIII of the Colorado Constitution. Ultimately, the Council voted to prohibit the establishment of Medical Marijuana Dispensaries within Greeley.

#### **Can Patients continue to grow and consume marijuana for medical purposes in Greeley?**

Yes. The City recognizes the provisions in the Colorado Constitution that allow Patients who are registered and in good standing with the State to grow and consume marijuana for their exclusive personal use. A Patient generally may not possess more than 6 plants or 2 ounces of marijuana at any time under this State law. Patients may grow their ration of marijuana plants at their personal residence. They may not grow their plants at another person’s home or at another residential dwelling they may have access to. When two or more Patients live together the total number of plants grown may equal their combined allowance.

Under very limited circumstances, it may be possible for a Patient to grow their marijuana at a separate commercial location, but this would require prior land use approval.

#### **If a Patient does not want to grow their own marijuana for medical purposes, how can they obtain it?**

A Patient must first designate a Primary Caregiver, also as defined by the Colorado Constitution. This is described as an individual who is at least 18 years old and “has significant responsibility for managing the well-being of a patient who has a debilitating medical condition.” A Patient and her/his Primary Care Giver can, together, only possess the amount of marijuana allowed per Patient under the State law. A Caregiver may have several patients.

A Patient’s Caregiver can provide the medical marijuana to the Patient in one of two ways:

- a. The Patient may obtain the marijuana from the Caregiver or Dispensary located outside the City of Greeley and in another jurisdiction which allows the sale of medical marijuana; or
- b. The Caregiver may deliver the medical marijuana to her/his Patients inside Greeley.

#### **When is sales tax collected?**

The Patient who travels outside Greeley to another jurisdiction where her/his Caregiver is located pays the sales tax in accordance with the rules of that government. This is the same as if one were to buy groceries or goods in another town.

If the Caregiver delivers the medical marijuana to her/his Patients inside Greeley, the Caregiver must collect sales tax of 3.46% on the purchase price of the medical marijuana sold to her/his Patient.

#### **How does a Caregiver obtain a Greeley sales tax license?**

The Caregiver must complete a standard Sales Tax License Application, which may be obtained on line (<http://greeleygov.com/Finance/SalesandUseTax.aspx>) or by coming to the City of Greeley Finance Department (1000 10th Street). An additional certification page is provided for Medical Marijuana Caregivers to complete and sign as part of the Sales Tax License Application. The application will then

be reviewed by Community Development Department staff for land use compliance. Once approved by Community Development, the application is returned to the Finance Department where the approved license is then issued.

The Caregiver may submit the completed application to the Finance Department staff who will forward the application for review or the Caregiver may walk the application to the Community Development Department, which is generally faster and allows any questions to be addressed immediately with the applicant. The process is generally fairly brief if the application is complete and can usually be accomplished in an hour or so, depending on the level of customer traffic on any given day. There is no cost to obtain a City Sales Tax License.

### **Can a Caregiver grow marijuana in Greeley for her/his patients?**

No. Cultivation of marijuana, other than by a Patient for their personal use, is considered a dispensary and not allowed in Greeley.

### **Can Patients in Greeley sell any of their surplus marijuana to a Caregiver?**

No. Any distribution of marijuana within Greeley, other than by a Caregiver who delivers the marijuana from a source outside the City, is prohibited. Further, Patients should be careful not to put themselves in a position of possessing more than the amount allowed under the Colorado Constitution for their personal use. Any amount over that limit would constitute a violation of the Greeley Municipal Code and subject to fines and penalties, including jail time.

### **Could a Group of Patients Collectively Grow their Marijuana Together, such as in a Cooperative?**

Possibly. Under these circumstances the marijuana would have to be grown in a commercial or industrially zoned area; it would not be allowed as an operation in a residential property. Care should be given to security and a discreet location would be important so as not to create a potential nuisance and risk for other area properties. While the City codes would technically allow such a use under limited circumstances, it should be very carefully considered since a violation by anyone using the facility could implicate the entire group. Such an operation may also be generally discouraged due to its potential to attract a criminal activity.

### **How can a Patient or Caregiver work with the City to limit confusion about the authorized cultivation or delivery of marijuana for medical use by a Patient?**

The City offers a Patient or Caregiver to voluntarily self-report their use or delivery of medical marijuana by completion of the attached form. While completely voluntary, knowing the location of Patients who are growing their own limited supply of medical marijuana or a local address of Caregivers who may be delivering medical marijuana to patients in Greeley would help code and law enforcement officials respond more appropriately to any citizen reports of suspected drug use and sales.

### **City Resource Contacts:**

#### **Sales Tax License**

City of Greeley Finance Department  
City Hall, 1000 10<sup>th</sup> Street, Greeley CO 80631  
350-9728

#### **Land Use & Zoning**

City of Greeley Community Development Department  
City Annex, 1100 10th Street, Ste 202, Greeley, CO 80631  
350-9780

#### **Legal Issues/Citations**

City Attorney's Office  
City Annex, 1100 10t St, Ste 401, Greeley, CO 80631  
350-9758



## Medical Marijuana Use – Voluntary Self-Identification

In the spirit of cooperation and to reduce instances where unintended conflicts may arise from actions taken to apprehend individuals who are suspected of possessing, cultivating, or dispensing marijuana in violation of State and Local law, the undersigned has voluntarily provided information to the City of Greeley as to her/his use or association with medical marijuana. It is understood this information will be kept confidentially by the City of Greeley and provided to the Weld County Regional Communications Center for the sole purpose of providing law enforcement officials with information that would assist in the appropriate response to reports of possession, distribution, or sale of marijuana.

*(Please Print)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I am a *(check all boxes that apply)*:

- Primary Caregiver**, as described under Section 14 of Article XVIII, who has a Sales and Use Tax License with the City of Greeley and who may, therefore, possess and deliver medical marijuana to patients in Greeley who have listed me as their Primary Caregiver and requested delivery of their supply of medical marijuana which I am growing or possessing on their behalf outside the City of Greeley.
  
- Patient**, registered and in good standing with the State of Colorado, and authorized to cultivate, possess, and consume medical marijuana in accordance with the provisions set forth in Section 14 of Article XVIII e Colorado Constitution. My medical marijuana is (check which applies):
  - \_\_\_\_\_ grown by me at my home
  - \_\_\_\_\_ delivered to me by my Primary Caregiver
  - \_\_\_\_\_ I purchase my medical marijuana at a Dispensary outside the City of Greeley

I understand I must possess a valid Medical Marijuana Patient registration card from the State of Colorado to be considered an authorized Patient. I represent that the information provided in this self-identification is true, accurate and complete and that providing this information to the City is fully voluntary and does not accrue any special privileges, benefits, or obligations by or to the City of Greeley, its agents or myself as it relates to the information provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rec'd by: \_\_\_\_\_  
City of Greeley Representative

\_\_\_\_\_  
Date



## Sales Tax Application Addendum Medical Marijuana

The City of Greeley prohibits Medical Marijuana Dispensaries within the city in any form, including as a primary land use (store, dispensary or outlet), or as an incidental use as part of another retail establishment, or as a home occupation. Greeley codes define a Medical Marijuana Dispensary as the use of any property by any person which is used to "cultivate, distribute, transmit, give, dispense, or otherwise provide marijuana in any manner to any other person."\*

The City recognizes Colorado State law allows Medical Marijuana patients registered with the State to possess a limited amount of marijuana for purposes as defined under Section 14 of Article XVIII of the Colorado Constitution, and may lawfully obtain marijuana for use as recommended by a physician from an individual whom the patient has listed as a "Caregiver", also as defined under the referenced State Statute.

An individual may provide marijuana only to those patients within Greeley who have listed the individual as their Caregiver in compliance with State Statute. The marijuana must originate from a source outside the City of Greeley and sales tax charged based upon the sale price of the marijuana to the patient.

In order to distribute medical marijuana within the City of Greeley, this completed addendum must be signed and submitted with the attached City of Greeley Sales Tax application.

The undersigned owner/applicant of the business listed on the attached Sales Tax application acknowledges that he/she is at least 18 years of age and understands and agrees to the following concerning the dispensing of medical marijuana within the city of Greeley:

- Medical marijuana shall not be distributed or dispensed from any property within the City of Greeley;
- Marijuana will only be provided via direct delivery to those individuals who are currently registered and in good standing with the State of Colorado as a "Patient" as defined under Section 14 of Article XVIII of the Colorado Constitution and who list the undersigned as their "Caregiver" in compliance with the referenced state statute;
- Marijuana will be delivered to said patient in a quantity not to exceed that which is allowed by a single patient at any one time;
- Marijuana delivered to patients in Greeley must be obtained from a source outside Greeley (e.g. may not be grown at a Greeley location or provided by any person in Greeley for the purpose of distributing it to other persons);
- Sales tax will be collected at the rate of 3.46% of the value of the marijuana sold to each patient and remitted to the City of Greeley as indicated on the attached sales tax application;
- Violation of these provisions or other municipal code regulations may be cause for revocation of the sales tax license and could be subject to criminal or administrative penalties under the Greeley Municipal Code.

I understand and agree to abide by the provisions as stated above.

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Authorized Signature of Owner/Operator

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Date

\*Greeley Municipal Code Section 18.46.135



# CITY OF GREELEY

FINANCE DEPARTMENT

1000 10TH STREET

GREELEY, CO 80631

(970) 350-9733 FAX (970) 350-9736

<http://www.greeleygov.com>

## APPLICATION FOR SALES TAX / USE TAX

NO LICENSE FEE IS REQUIRED. THE GREELEY SALES/USE TAX RATE IS 3.46%

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

FEIN: \_\_\_\_\_ SSN: \_\_\_\_\_

Year company was founded: \_\_\_\_\_ Length of time at this location \_\_\_\_\_

Is this the headquarters for this company? Y N

### BUSINESS DESCRIPTION

Please provide a detailed description of the nature of business (products sold and services provided):

NAICS Code: \_\_\_\_\_

If you do not know your NAICS code, please check which best describes your business activity:

- Agriculture  Utilities  Construction  Manufacturing  Wholesale Trade  
 Retail Trade  Transportation, Warehousing  Information  Real Estate, Rental, & Leasing  
 Professional  Health Care  Accommodation, Food Services  
 Other: \_\_\_\_\_

Type of Ownership (Select Only One):

Sole Proprietor  LLC  Partnership  Corporation  LLP  Other \_\_\_\_\_

Name of Owner (s): \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Filing Frequency:

Monthly (tax collected is over \$50/month)  Quarterly (tax collected is \$25.00-\$49.99/month)

Annual (tax collected is less than \$25/ month)

### MAILING AND CONTACT INFORMATION

Sales/Use Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Started or Date Business Will Open: \_\_\_\_\_

Name of Former Owner (If Purchasing Existing Business): \_\_\_\_\_

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are, to the best of my knowledge and beliefs, are true, correct and complete.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR CITY USE ONLY:

ACCT # \_\_\_\_\_ GEO: \_\_\_\_\_ PROP ID: \_\_\_\_\_ SQ. FT. \_\_\_\_\_



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## CITY OF GREELEY

FINANCE DEPARTMENT

1000 10TH STREET

GREELEY, CO 80631

(970) 350-9733 FAX (970) 350-9736

<http://www.greeleygov.com>

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### APPLICATION FOR SALES TAX / USE TAX INSTRUCTIONS

#### GENERAL INFORMATION:

- \* If the business or home occupation has a physical location within the City limits of Greeley, a Sales/Use Tax License/Zoning Review/Occupancy Certificate check-off list must be completed and signed by the Community Development and Building Inspection departments. These departments are located at 1100 10th Street, Greeley, CO 80631. There are no charges for these services and there is no sales/use tax license fee required.
- \* If the business is a City of Greeley sewer user, the Commercial Sewer User Classification Questionnaire must be completed.
- \* Return the completed and signed application, the completed and signed check-off list (if applicable) and sewer questionnaire (if applicable) to the following address: City of Greeley, Finance Department, 1000 10th Street, Greeley, CO 80631

#### BUSINESS INFORMATION:

- \* Please provide the information indicated, and include area codes when listing telephone numbers.

#### BUSINESS DESCRIPTION:

- \* If you know the North America Industry Classification System (NAICS) code, for your business fill in the blank. Provide a detailed description of your business, including products sold and services provided. Check the box best describing your business.
- \* Type of Ownership:
  - Sole Proprietorship: Business is owned and operated by a single individual.
  - LLC: Limited Liability Company - combines the tax attributes of a partnership with the attributes of a corporation for liability purposes. An LLC may have one or several members and is created by filing "Articles of Organization" with the Secretary of State
  - Partnership: Business is owned by two or more individuals or other business entities.
  - Corporation: "C" Corporation - A legal entity existing separately from the parties creating the entity. "Articles of Incorporation" are filed with the Secretary of State and bylaws are adopted.
  - LLP: Limited Liability Partnership or Limited Liability Limited Partnerships (LLLLP) - Legal Limited Liability Limited Partnership Act (7/1/95) created a legal structure similar to S Corp and a LLC. A "Registration Statement" is filed with the Secretary of State.
  - Other: Please select this category, and give a brief description if the entity is a Subchapter S ("S") Corporation, a Limited Partnership Association, or a Nonprofit Organization or any other type of ownership.

#### MAILING AND CONTACT INFORMATION:

Please provide the requested information, even if it is the same as the business information. If this is a new business, or an existing business was purchased, and is physically located in Greeley, the applicant will need to file an Initial Use Tax return, and pay any applicable use tax.

**CITY OF GREELEY, COLORADO**  
**SALES TAX LICENSE / ZONING REVIEW / OCCUPANCY CERTIFICATE**

**CHECK-OFF LIST**

**A) TO BE COMPLETED BY APPLICANT:**

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION (not PO box) \_\_\_\_\_

SAME AS RESIDENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

PHONE NO \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

**TYPE OF BUSINESS**

**PLEASE CHECK CORRECT ONE AND BRIEFLY DESCRIBE ACTIVITY**

SALES \_\_\_\_\_ SALES & SERVICE \_\_\_\_\_ SERVICE \_\_\_\_\_

MANUFACTURING \_\_\_\_\_ OTHER \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

**B) TO BE COMPLETED AND SIGNED BY COMMUNITY DEVELOPMENT DEPARTMENT**

**Community Development** 1100 10<sup>th</sup> Street, Greeley, CO 80631 Phone: (970) 350-9780 Fax: (970) 350-9800

ZONING \_\_\_\_\_ USE BY RIGHT \_\_\_\_\_

LAWFUL NON-CONFORMING \_\_\_\_\_

HOME OCCUPATION \_\_\_\_\_

MEETS HOME OCCUPATION REQUIREMENT \_\_\_\_\_

OTHER \_\_\_\_\_

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

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**C) TO BE COMPLETED AND SIGNED BY INSPECTION DIVISION**

**Building Inspection** 1100 10<sup>th</sup> Street, Suite 114, Greeley, CO 80631 Phone: (970) 350-9830 Fax: (970) 350-9844

CERTIFICATE ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

OCCUPANCY CERTIFICATE NOT REQUIRED OR PREVIOUSLY ISSUED \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**CITY OF GREELEY  
COMMERCIAL SEWER USER CLASSIFICATION QUESTIONNAIRE**

When a business is opened or changes hands, the sewer account is reviewed for proper billing classification. It is important that you fill out this questionnaire accurately and completely, to ensure your business is receiving the correct billing rate. Please return this questionnaire along with your Sales Tax License Application.

Name of Business: \_\_\_\_\_

Short Business Description: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Is this a home-based business? \_\_\_\_\_yes\* \_\_\_\_\_no

*\*If yes, then please stop here and return the form.*

**Outside Landscape** square footage (this information is *very important* in establishing correct sewer billing information for commercial businesses.)

\_\_\_\_\_ less than 15,000 ft<sup>2</sup>      \_\_\_\_\_ more than 15,000 ft<sup>2</sup>

Please read the following classifications to determine which class your business best fits, and check the appropriate one. If it does not fit into any of the following classes, then please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **Class I:** includes retail stores, offices, car washes, cleaners, laundromats, schools, colleges, churches, beauty shops, financial institutions, membership organizations without dining facilities, motels without dining facilities, gas stations without repair, and bed and breakfasts that serve only a continental breakfast.

\_\_\_\_ **Class II:** includes bars and taverns without dining, service stations and garages with repair, animal clinics, hospital/convalescent homes, photo finishing, light manufacturing, coffee shops, convenience stores, and bed and breakfasts that cook a daily breakfast.

\_\_\_\_ **Class III:** includes restaurants, hotels with dining facilities, bars and taverns with dining, and membership organizations with dining.

\_\_\_\_ **Class IV:** includes food markets (grocery stores), butchers, bakers, and food manufacturing.

\_\_\_\_ **Class V:** includes mortuaries and miscellaneous heavy commercial manufacturing.

**If you have any questions, then please contact the City of Greeley Industrial Pretreatment Program at 970-350-9363. Thank you for your cooperation and assistance.**

## AFFIDAVIT OF LAWFUL PRESENCE

I, \_\_\_\_\_, 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.

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**

\_\_\_\_\_  
**Date**