



City of Littleton

Littleton Center
2255 West Berry Avenue
Littleton, CO 80120

Meeting Agenda Licensing Authority

Wednesday, September 10, 2014

7:00 PM

Council Chamber

Regular Meeting

1. Roll Call

2. Approval of Agenda

3. Approval of Certification of Minutes

[ID# 14-234](#)

Certification of 08/13/2014 regular meeting minutes of the Littleton Licensing Authority

Attachments:

[August 13, 2014 LLA Minutes](#)

4. Scheduling renewal hearings for liquor licenses

5. Liquor license application hearings

6. Setting neighborhood boundaries and scheduling application hearings for liquor licenses **Liquor license application hearings**

7. Liquor License Application Hearings

8. Consideration of other applications and requests for liquor licenses

9. Findings of probable cause and scheduling show cause hearings for liquor code violations

10. Preliminary hearing of liquor code violations

11. Show cause hearings for liquor code violations

12. Medical Marijuana Application Hearings

[LA# 14-018](#) Conduct public hearing for a medical marijuana center license for The Green Solution, LLC, d/b/a The Green Solution, 5231 S Santa Fe Drive, Littleton, Colorado

Attachments: [Ex A - Application](#)
[EX B - Proof of Posting of Premise.PDF](#)
[EX C - Proof of Publication.pdf](#)
[EX D - LLA Resolution No 5.docx](#)

13. Consideration of other applications and requests for medical marijuana centers

14. Findings of probable cause and scheduling show cause hearings for medical marijuana center violations

15. Preliminary hearing of medical marijuana center violations

16. Show cause hearings for medical marijuana center violations

18. Reports:

- a. Staff
- b. Authority Members
- c. Chair

18. Adjournment



Staff Communication

File #: ID# 14-234, **Version:** 1

Agenda Date: 09/10/2014

Subject:

Certification of 08/13/2014 regular meeting minutes of the Littleton Licensing Authority

Presented By: Colleen L. Norton, Deputy City Clerk
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PROPOSED MOTION:

A motion based on the clerk's certification, the August 13, 2014 video recording as the minutes of the August 13, 2014 meeting of the Littleton Licensing Authority is approved.



City of Littleton

Littleton Center
2255 West Berry Avenue
Littleton, CO 80120

Meeting Journal Licensing Authority

Wednesday, August 13, 2014

7:00 PM

Council Chamber

Regular Meeting

1. Roll Call

Present: 5 - William Bradish, Andrew Cole, Donovan O'Dell, Timothy LeVier and Peter Webb

Absent: 2 - Ann Mather and Robin Peterson

Also Present: 2 - Colleen Norton, Kristin Schledorn, and Tricia McCarthy

2. Approval of Agenda

A motion was made by Authority Member O'Dell, seconded by Vice Chair Cole to approve the agenda. The motion carried by a unanimous vote of members present.

Aye: 5

Absent: 2

3. Approval of Minutes

A motion was made by Vice Chair Cole, seconded by Chairman Bradish to approve the clerk's certification of the video of the June 11, 2014 and July 9, 2014 Licensing Authority meetings. The motion carried by a unanimous vote of members present.

Aye: 5

Absent: 2

a) LLA minutes to be certified: June 11, 2014 and July 9, 2014

4. Scheduling renewal hearings for liquor licenses

a) Schedule renewal hearing for Jaja Bistro LLC, d/b/a Jaja Bistro, 5641 South Nevada Street

A motion was made by Vice Chair Cole, seconded by Authority Member LeVier, that the item be approved. The motion carried by a unanimous vote of members present

Aye: 5

Absent: 2

5. Liquor license application hearings

6. Liquor license application hearings

7. Consideration of other applications and requests for liquor licenses

- a) Approval of liquor license application for The Homestead Enterprise, Inc., d/b/a Shop-N-Save, 1601 W. Canal Circle, Littleton, Colorado
- A motion was made by Vice Chair Cole, seconded by Chairman Bradish, that the public hearing be closed and that a 3.2% Off-Premises liquor license be issued. The motion carried by a unanimous vote of members present.

Aye: 5

8. Findings of probable cause and scheduling show cause hearings for liquor code violations

9. Preliminary hearing of liquor code violation

- a) Preliminary Hearing - Kurt A. Melstrom; d/b/a Pyramid Discount Liquors; 599 W. Littleton Blvd.; Littleton, Colorado
- A motion was made by Vice Chair Cole, seconded by Authority Member O'Dell, that the stipulation be accepted and that the licensee be allowed to pay a fine-in-lieu of actual days served. Suspension dates are set for September 14, 2014 up to and including September 18, 2014. The motion carried by the following vote:

Aye: 5

10. Show cause hearings for liquor code violations

11. Medical Marijuana Application Hearings

12. Consideration of other applications and requests for medical marijuana centers

13. Findings of probable cause and scheduling show cause hearings for medical marijuana center violations

14. Preliminary hearing of medical marijuana center violations

15. Show cause hearings for medical marijuana center violation

16. General Business

17. Reports:

- a. Staff
- b. Authority Members
- c. Chair

18. Adjournment

There being no further business, Chairman Bradish adjourned the meeting at 8:10 p.m.

I hereby certify that I have reviewed the video recording for the regular meeting of the Littleton Licensing Authority for August 13, 2014. The video is a full, complete, and accurate record of the proceedings and there were no malfunctions in the video or audio functions of the recording.



Colleen L. Norton, Deputy City Clerk



Staff Communication

File #: LA# 14-018, Version: 1

Agenda Date: 09/10/2014

Subject:

Conduct public hearing for a medical marijuana center license for The Green Solution, LLC, d/b/a The Green Solution, 5231 S Santa Fe Drive, Littleton, Colorado

Presented By: Kristin Schledorn, Deputy City Attorney

ISSUE:

Whether to issue a medical marijuana center license to The Green Solution, LLC, d/b/a The Green Solution, 5231 S Santa Fe Drive, Littleton, Colorado.

INTRODUCTION/HISTORY AND FACTS:

The Green Solution, LLC, d/b/a The Green Solution has submitted an application to the city clerk's office for a medical marijuana center license, the intent of which is to transfer an existing license currently held by Mother Nature's Miracle.

L.C.C. 3-20-10 was recently amended to provide that transfer of medical marijuana center licenses shall be permitted in the following circumstance:

- (a) The transferee applies for and receives approval for a new license, conditioned upon relinquishment of the transferor's license; and
- (b) The license transfer location is permitted under section 3-20-17, without the exception provided for in section 3-20-35 of this chapter.

LEGAL OPINION:

The following requirements are necessary for issuance of the license:

1. Notice (C.R.S. § 12-43.3-302)

The posting and publication requirements of the Colorado Medical Marijuana Code have been met as follows:

Publication:	Notice of hearing was published in the local newspaper on August 21, 2014
Posting:	Notice of hearing was posted on the premises on August 21, 2014 (see attached affidavits)

2. Complete Application (L.C.C. § 3-20-3(C))

An application for a license must contain the following information:

- The applicant's name, address, telephone number and social security number;
- The street address, and unit number, if applicable, of the proposed medical marijuana center, and a complete description of the site drawn to scale for which the license is being obtained;
- If the applicant is not the owner of the proposed location of the medical marijuana center, a notarized statement from the owner of such property authorizing the submission of the application;
- A completed set of the applicant's fingerprints;
- A statement to be initialed by the applicant that the city accepts no legal liability in connection with the approval and subsequent operation of the medical marijuana center;
- An acknowledgment that the city will conduct a background investigation as specified in title 3, chapter 20;
- Name and address of any manager of the medical marijuana center, if the manager is proposed to be someone other than the applicant;
- A certified fingerprint based FBI identification record; and
- Any additional information that the city manager or designee determines to be necessary in connection with the investigation and review of the application.

A complete application has been received by the city clerk's office.

3. Operating Plans (L.C.C. § 3-20-27)

In connection with the license application, the applicant shall provide a detailed operations plan and, upon issuance of a license, shall operate the center in accordance with the plan. Such plan shall include:

- **Floor Plan:** A plan showing the layout of the center and the principal uses of the floor area depicted. A center shall have a lobby waiting area at the entrance to the center to receive clients, and a separate and secure designated area for dispensing medical cannabis to qualified patients or designated primary caregivers. The primary entrance of any standalone facility shall be located and maintained clear of barriers, landscaping and similar obstructions so that it is clearly visible from public streets, sidewalks or site driveways.
- **Storage:** A center shall provide a storage plan in compliance with subsection 3-20-26(B) (which requires all salable inventory of marijuana must be kept and stored in a secured, locked manner).
- **Security Plans:** A center shall provide a security plan in compliance with section 3-20-26, which requires:
 - **Surveillance:** Security surveillance cameras installed to monitor each entrance to the center along with the interior and exterior of the premises to discourage and to facilitate the reporting and investigation of criminal acts and nuisance activities occurring at the premises. Security video shall be preserved for at least ninety (90) days by the licensee, and be made available to law enforcement officers upon demand.

- Inventory: All salable inventory of marijuana must be kept and stored in a secured, locked manner.
 - Safe: A locking safe or secure vault permanently affixed or built into the premises to store any currency on site.
 - Lighting: Exterior lighting that illuminates the exterior walls of the business.
 - Alarm System: Professionally monitored robbery alarm and burglary alarm systems shall be installed and maintained in good working condition within the center at all times.
 - Emergency Contact: A licensee shall provide to the chief of police the name, cellphone number, and facsimile number of an onsite community relations staff person to whom the city may provide notice of any operating problems associated with the center.
 - Access: Only qualified patients or primary caregivers shall be permitted in the designated dispensing area along with center personnel.
-
- Lighting Plan: A center shall provide a lighting plan in accordance with this code. Such plan shall also include any illumination for the purposes of cultivation and any mitigation controls to lessen adverse impacts to the surrounding properties.
 - Odor Controls: A center shall provide a plan for the mitigation and control of odors and other environmental impacts which may emanate from the center. Such plan shall describe the ventilation system for the premises.
 - Product and Service Description: A description of the products and services to be provided by the center.

The applicant has included the operating plan with its application.

4. Location (L.C.C. § 3-20-17)

The proposed location of the medical marijuana center must not be within the following locations:

- Within five hundred feet (500') of a licensed childcare facility;
- Within one thousand feet (1,000') of any educational institution or school, college or university, either public or private;
- Within one thousand feet (1,000') of any public park, public pool or public or private recreational facility;
- Within one thousand feet (1,000') of any halfway house or correctional facility;
- Within one thousand feet (1,000') of any other medical marijuana center;
- Within any building or structure that contains a residential unit.

Community development has confirmed that the proposed location meets the foregoing restrictions.

5. Limitation on Number and Size (L.C.C. § 3-20-35)

There shall be no more than four (4) centers licensed in the city. Centers shall be limited to a floor plan of two thousand (2,000) square feet.

Currently there are four licensed medical marijuana centers in the city. Grant of this license is contingent upon

relinquishment of the license currently held by Mother Nature's Miracle.

The submitted floor plan indicates a square footage of 1997.

6. Licensee not prohibited person (C.R.S. § 12-43.3-307)

The licensing authority should take into consideration, C.R.S. § 12-43.3-307, which states:

12-43.3-307. Persons prohibited as licensees

(1) A license provided by this article shall not be issued to or held by:

- (a) A person until the annual fee therefore has been paid;
- (b) A person whose criminal history indicates that he or she is not of good moral character;
- (c) A corporation, if the criminal history of any of its officers, directors, or stockholders indicates that the officer, director, or stockholder is not of good moral character;
- (d) A licensed physician making patient recommendations;
- (e) A person employing, assisted by, or financed in whole or in part by any other person whose criminal history indicates he or she is not of good character and reputation satisfactory to the respective licensing authority;
- (f) A person under twenty-one years of age;
- (g) A person licensed pursuant to this article who, during a person of licensure, or who, at the time of application, has failed to:
 - I. Provide a surety bond or file any tax return with a taxing agency;
 - II. Pay any taxes, interest, or penalties due;
 - III. Pay any judgments due to a government agency;
 - IV. Stay out of default on a government-issued student loan;
 - V. Pay child support; or
 - VI. Remedy an outstanding delinquency for taxes owed, an outstanding delinquency for judgments owed to a government agency, or an outstanding delinquency for child support;
- (h) A person who has discharged a sentence in the five years immediately preceding the application date for a conviction of a felony or a person who at any time has been convicted of a felony pursuant to any state or federal law regarding the possession, distribution, manufacturing, cultivation, or use of a controlled substance; except that the licensing authority may grant a license to an employee if the employee has a state felony conviction based on possession or use of a controlled substance that would not have been a felony if the person were convicted of the offense on the date he or she applied for licensure;
- (i) A person who employs another person at a medical marijuana facility who has not passed a criminal history record check;
- (j) A sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the state licensing authority or a local licensing authority;
- (k) A person whose authority to be a primary caregiver as defined in section 25-1.5-106(2) C.R.S., has been revoked by the state health agency;

- (l) A person for a license for a location that is currently licensed as a retail food establishment or wholesale food registrant; or
- (m) An owner, as defined by rule of the state licensing authority, who has not been a resident of Colorado for at least two years prior to the date of the owner's application.

Action by Licensing Authority: Approval, Denial or Conditional Approval

L.C.C. § 3-20-8 provides that the licensing authority may approve, deny or conditionally approve an application for a medical marijuana center license.

Approval/Conditional Approval

L.C.C. § 3-20-5 states that the licensing authority shall issue a license when, from a consideration of the application and from such other information as may otherwise be obtained, the authority determines, by a preponderance of the evidence, that:

- (A) The application is complete and signed by the applicant.
- (B) The applicant has paid the application fee and any other fees required.
- (C) The application does not contain a material falsehood or misrepresentation.
- (D) The application complies with all of the requirements of title 3, chapter 20.
- (E) The applicant, any person with an ownership interest of five percent (5%) or greater or any manager have not previously been convicted of a felony violation.
- (F) The proposed location of the medical marijuana center is permitted.

The licensing authority shall have the authority to impose such reasonable terms and conditions on a license as may be necessary to protect the public health, safety and welfare, and to obtain compliance with the requirements of title 3, chapter 20 of the City Code and applicable law. L.C.C. § 3-20-7.

Denial

The licensing authority shall deny an application for a license if the authority determines that the applicant has failed to meet its burden, because the information contained in the application or supplemental information requested from the applicant is found to be false in any material respect; or the application fails to meet any of the standards set forth in title 3, chapter 20 of the City Code, including a finding of good cause.

Good cause requires a finding that (1) the licensee has violated, does not meet, or has failed to comply with any of the terms, conditions or provisions of title 3, chapter 20 and any rule and regulation promulgated pursuant to title 3, chapter 20 of the City Code or any state law or regulation or federal law except any federal law that conflicts with amendment 20; (2) the licensee has failed to comply with any special terms or conditions that were placed on its license at the time the license was issued, or that were placed on its license in prior disciplinary proceedings or that arose in the context of potential disciplinary proceedings; or (3) the licensee's medical marijuana center has been operated in a manner that adversely affects the public health, welfare or safety of the city (evidence to support such a finding can include, but is not limited to: (a) a continuing pattern of offenses against the public peace, as defined in title 6, chapter 4 of the city Code; (b) a continuing pattern of drug related criminal conduct within the premises of the medical marijuana center; (c) a continuing pattern of criminal conduct directly related to or arising from the operation of the medical marijuana center; (d) a felony associated with the center one or more of its owner(s) or manager; (e) failure to provide correct information for each person required in subsection 3-20-3(A) of the Code; or (f) failure to pay sales taxes in full by the

deadlines specified by the City Code).

CONCLUSIONS AND RECOMMENDATIONS:

Should the applicant's presentation and the facts and evidence adduced as a result of the licensing authority's investigation indicate that: (a) the application is complete and signed by the applicant; (b) the applicant has paid the application fee and any other fees required; (c) the application does not contain a material falsehood or misrepresentation; (d) the application complies with all of the requirements of the City Code; (e) the applicant, any person with an ownership interest of five percent (5%) or greater or any manager have not previously been convicted of a felony violation; and (f) the proposed location of the medical marijuana center is permitted in that the building is not located within any distance restrictions established by city code, staff would recommend that the licensing authority approve the application for a medical marijuana center license, conditioned upon relinquishment of Mother Nature's Miracle's medical marijuana center license.

SUGGESTION MOTION:

Motion to close the public hearing and a resolution of the Littleton Licensing Authority be approved, which grants The Green Solution, LLC, d/b/a The Green Solution, 5231 S Santa Fe Drive, Littleton, Colorado, a medical marijuana center license contingent upon relinquishment of the medical marijuana center license currently held by Mother Nature's Miracle and receipt and approval of reports from the Colorado Bureau of Investigation and approval by the Colorado Medical Marijuana Enforcement Division. The license approval is based upon the following findings of fact: (1) notice of the hearing was properly posted and published; (2) the application is complete and signed by the applicant; (3) the applicant has paid the application fee and any other fees required; (4) the application does not contain a material falsehood or misrepresentation; (5) the application complies with all of the requirements of title 3, chapter 20; (6) the applicant, any person with an ownership interest of five percent (5%) or greater or any manger have not previously been convicted of a felony violation; and (7) the proposed location of the medical marijuana center is permitted in that the building is not located within any distance restrictions established by City Code.

OR

Motion to close the public hearing and that the proposed resolution of the Littleton Licensing Authority which grants a medical marijuana center license for The Green Solution, LLC, d/b/a The Green Solution, 5231 S Santa Fe Drive, Littleton, Colorado, be denied based on the following finding of fact:

The information contained in the application or supplemental information requested from the applicant is found to be false in any material aspect;

OR

The application fails to meet any of the standards set forth in the Littleton city Municipal Code, including a finding of good cause because *[please indicate which apply]* (1) the licensee has violated, does not meet, or has failed to comply with any of the terms, conditions or provisions of title 3, chapter 20 and any rule and regulation promulgated pursuant to title 3, chapter 20 or any state law or regulation or federal law except any federal law that conflicts with amendment 20; (2) the licensee has failed to comply with any special terms or conditions that were placed on its license at the time the license was issued, or that were placed on its license in prior disciplinary proceedings or that arose in the context of potential disciplinary proceedings; or (3) the

licensee's medical marijuana center has been operated in a manner that adversely affects the public health, welfare or safety of the city (evidence to support such a finding can include, but is not limited to: (a) a continuing pattern of offenses against the public peace, as defined in title 6, chapter 4 of the City code; (b) a continuing pattern of drug related criminal conduct within the premises of the medical marijuana center; (c) a continuing pattern of criminal conduct directly related to or arising from the operation of the medical marijuana center; (d) a felony associated with the center, one or more of its owner(s) or manager; (e) failure to provide correct information for each person required in subsection 3-20-3(A) of the Code; or (f) failure to pay sales taxes in full by the deadlines specified by the City Code).

**CITY OF LITTLETON
MEDICAL MARIJUANA CENTER
LICENSE APPLICATION**

<input checked="" type="checkbox"/> NEW LICENSE	<input type="checkbox"/> LICENSE RENEWAL	<input type="checkbox"/> LICENSE CHANGE (see below)
<ul style="list-style-type: none"> ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN APPLICANT MUST CHECK THE APPROPRIATE BOX(ES) APPLICANT SHOULD OBTAIN A COPY OF C.R.S ARTICLE 20 AND CITY OF LITTLETON ORDINANCE PERTAINING TO MEDICAL MARIJUANA DISPENSARIES 		

1. Applicant is applying as a <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (includes Limited Liability) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Limited Liability <input type="checkbox"/> Association or Other						
2. Applicant(s) If an LLC, Name of LLC; if partnership, at least 2 partners; if corporation, name of corporation <i>The Green Solution, LLC</i>			Fein Number <i>87-2196118</i>			
2a. Trade Name of Establishment (DBA)		State Sales Tax No. <i>04A81205</i>	Business Telephone <i>(720) 399-6840</i>			
3. Address of Premises (specify exact locations of premises) <i>5231 South Santa Fe Drive</i>						
City <i>Littleton</i>	County <i>Arapahoe</i>	State <i>CO</i>	Zip Code <i>80120</i>			
4. Mailing Address (Number and Street) <i>700 17th St., Suite 2000</i>		City or Town <i>Denver</i>	State <i>CO</i>			
5a. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Application Fee for New License.....\$ 2,500.00 <input type="checkbox"/> Annual License Fee.....\$ 2,000.00 <input type="checkbox"/> Change of Registered Manager.....\$ 400.00 <input type="checkbox"/> Change of Location.....\$ 500.00 </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Change to operation plan.....\$ 400.00 <input type="checkbox"/> Modification of Premises.....\$ 400.00 <input type="checkbox"/> Change of Trade Name/Corporate Name.....\$ 200.00 <input type="checkbox"/> Change of corporate LLC, (per person).....\$ 200.00 </td> </tr> </table>				<input checked="" type="checkbox"/> Application Fee for New License.....\$ 2,500.00 <input type="checkbox"/> Annual License Fee.....\$ 2,000.00 <input type="checkbox"/> Change of Registered Manager.....\$ 400.00 <input type="checkbox"/> Change of Location.....\$ 500.00	<input type="checkbox"/> Change to operation plan.....\$ 400.00 <input type="checkbox"/> Modification of Premises.....\$ 400.00 <input type="checkbox"/> Change of Trade Name/Corporate Name.....\$ 200.00 <input type="checkbox"/> Change of corporate LLC, (per person).....\$ 200.00	
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6. Is the applicant (including any of the partners, if a partnership; members or manager, if a limited liability company; or officer, stockholders or directors, if a corporation) or manager under the age of eighteen?			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">No <input checked="" type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>					
7. Has the applicant (including any of the partners, if a partnership; members or manager, if a limited liability company; or officer, stockholders or directors, if a corporation) or manager ever (in Colorado or any other state); (a) been denied a medical marijuana license? (b) had a medical marijuana license suspended or revoked? (c) had an interest in another entity that had a medical marijuana license suspended or revoked? If you answered yes to 7a, b, or c, explain in detail on a separate sheet.			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">No <input checked="" type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>					
8. Are the premises to be licensed (a) within 500 feet of a licensed child care facility? (b) within 1000 feet of any educational institution or school, college or university, either public or private? (c) within 1000 feet of any public park, public pool or public or private recreational facility? (d) within 1000 feet of any halfway house or correctional facility? (e) within 1000 feet of any other medical marijuana center or dispensary? (f) within a building or structure that contains a residential unit?			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">No <input checked="" type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>					
9. 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 officer, stockholders or directors, if a corporation)? If yes, identify the name of the business: <i>see 'additional locations' attached.</i>			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes <input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>					
10. Does the applicant, as listed on line 2 of this application, 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:			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes <input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Landlord <i>TC Holdings, LLC</i></td> <td style="width: 33%;">Tenant <i>The Green Solution, LLC</i></td> <td style="width: 33%;">Expires <i>08/01/2024</i></td> </tr> </table>		Landlord <i>TC Holdings, LLC</i>	Tenant <i>The Green Solution, LLC</i>	Expires <i>08/01/2024</i>	Attach a diagram (drawn to scale) of the area to be licensed which designates growing area (not to exceed twenty percent (20%) of the floor space per 3-20-21 Littleton Municipal Code), walls, partitions, entrances, exits and what each room shall be utilized for in this business.	
Landlord <i>TC Holdings, LLC</i>	Tenant <i>The Green Solution, LLC</i>	Expires <i>08/01/2024</i>				
11. Name of Manager (Must complete an Individual History Record and fingerprint procedure, if applicable) <i>Brad Speidell</i>						
		Date of Birth <i>01/22/1981</i>				

12. If applicant is a corporation, partnership, association or limited liability company, applicant **must list** ALL OFFICERS, DIRECTORS, GENERAL PARTNERS AND MANAGING MEMBERS. In addition applicant **must list** any stockholder, partners or members with OWNERSHIP OF **5% OR MORE**. ALL PERSONS LISTED BELOW must also attach an Individual History Record and get fingerprints done at the Littleton Police Department (call 303-795-3880 for hours)

NAME	HOME ADDRESS, CITY & STATE	DOB	POSITION	% OWNED*
See Attached.				

*If total ownership percentage disclosed here does not total 100% applicant must check this box

☐ Applicant affirms that no individual other than these disclosed herein, owns 5% or more of the business


Additional Documents to be submitted by type of entity

- ☐ **CORPORATION** ☐ Certificate of Incorporation ☐ Certificate of Good Standing (if more than 2 yrs old)
☐ **PARTNERSHIP** ☐ Partnership Agreement (General or Limited) ☐ Husband and Wife Partnership (no written agreement)
☒ **LIMITED LIABILITY COMPANY** ☒ Articles of Organization ☒ Operating Agreement
☐ **ASSOCIATION OR OTHER** Attach a copy of agreements creating association or relationship between the parties

SEE ATTACHED CHECKLIST FOR ADDITIONAL DOCUMENTATION TO BE SUBMITTED

OATH OF APPLICANT

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. I also acknowledge that it is my responsibility and the responsibility of my employees to comply with the provisions of C.R.S. Article 20 and ordinances in the City of Littleton

Signature 	Title CEO	Date 3/4/14
--	--------------	----------------

DO NOT WRITE IN THE AREA BELOW

Date application filed with City Clerk's Office		Date of hearing with Licensing Authority	
THE LICENSING AUTHORITY HEREBY AFFIRMS: That each person required to file an Individual History Record has:			
<input checked="" type="checkbox"/> Been fingerprinted (2 sets).....		Yes	No
<input checked="" type="checkbox"/> Been subject to background investigation.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> That Licensing Authority has conducted an inspection of the proposed premises to ensure that the applicant is in compliance with Littleton Municipal Code 3-20-1 through 3-20-35.....			
<input type="checkbox"/> Date of Inspection _____			
The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants. THEREFORE, THIS APPLICATION IS APPROVED.			
Signature of Licensing Authority		Title Authority Chair	Date
Signature (attest)		Title	Date

The Green Solution, LLC Ownership Structure

Eric Speidell – CEO

35.0%

1735 19th Street, Unit 5D, Denver, CO 80202

[REDACTED]

[REDACTED]

Kyle Speidell – CEO

35.0%

2001 Lincoln Street, Unit 2322, Denver, CO 80202

[REDACTED]

[REDACTED]

Nicholas Speidell – CSO

15.0%

1401 Wewatta Street, Unit 901, Denver, CO 80202

[REDACTED]

[REDACTED]

Bradley Michael Speidell – COO

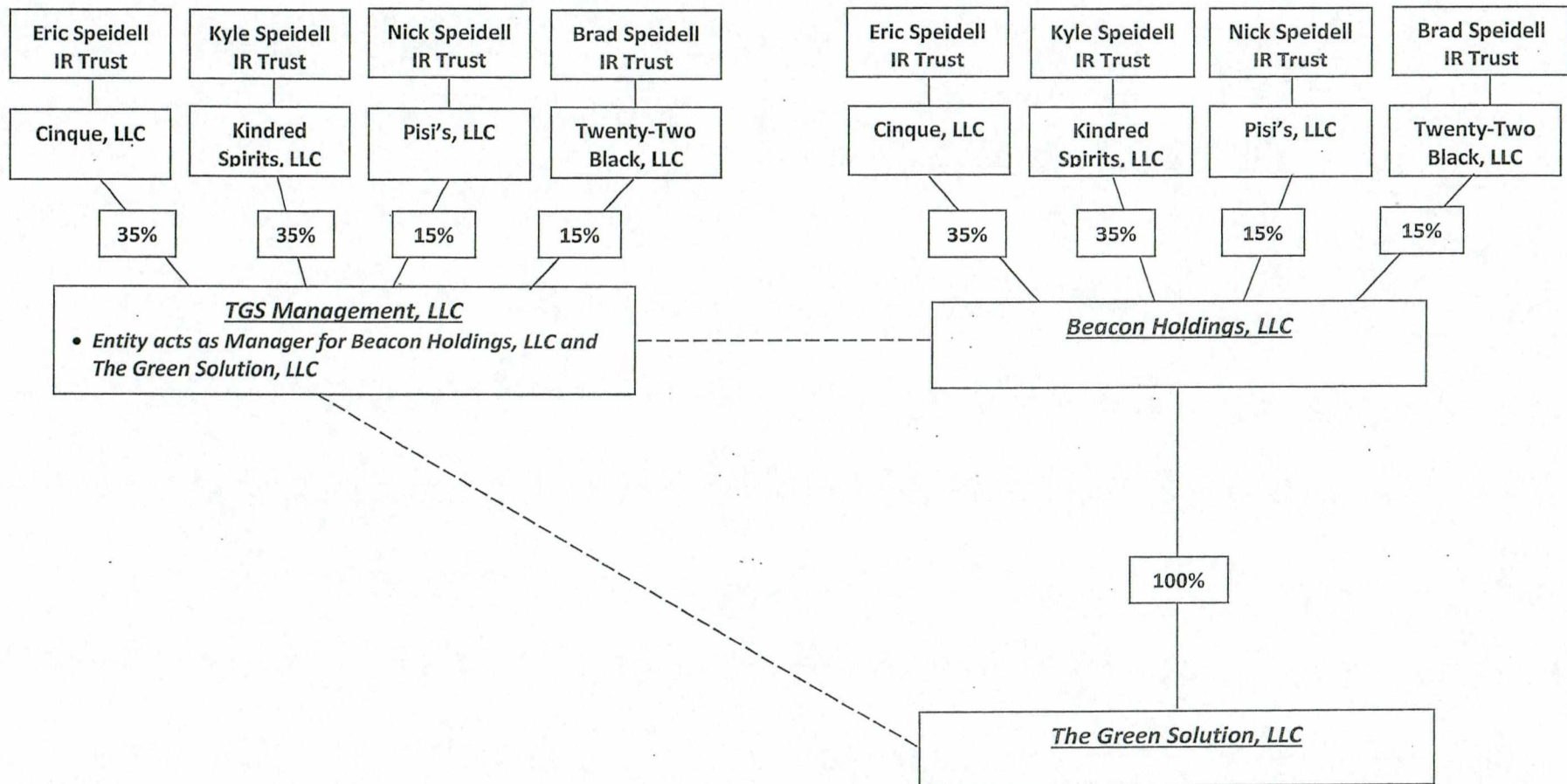
15.0%

1920 17th Street, Unit 624, Denver, CO 80202

[REDACTED]

[REDACTED]

The Green Solution – Organization Chart



INDEMNIFICATION AGREEMENT AND AFFIDAVIT OF ACKNOWLEDGEMENT

As a part of the application for a Medical Marijuana Center License, applicant and owner for the real property listed below agree to investigate, defend, indemnify and hold harmless the City, its officers, employees and agents from any damage, liability, claims, demands, detriments, costs, charges, and expense (including reasonable attorneys' fees), and causes of action which the City may incur, sustain or be subjected to on account of loss or damage to property or loss of use thereof, or for bodily injury to or death of any persons (including but not limited to property, employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected with this application for a Medical Marijuana Center license and arising from the negligent act or omission of applicant or owner, or their officers and employees.


If for any reason any portion of this Indemnification Agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of this Indemnification Agreement shall remain in full force and effect.

Applicant also agrees to abide by and conform to all of the conditions of the Medical Marijuana Center license and all provisions of the City of Littleton Municipal Code pertaining to the use, establishment, and operation of a Medical Marijuana Center license as well as Title 3 Chapter 20. Applicant understands and acknowledges that the approval of the Medical Marijuana Center license, if granted, shall in no way permit any activity contrary to any part of the Littleton Municipal Code, or any activity which is in violation of any applicable laws.

The applicant acknowledges and agrees the issuing of a Medical Marijuana Center License from the City of Littleton does not exempt the applicant, managers or employees from prosecution of any State or Federal law.

Applicant #1 Name: BRADLEY SPEIDELL Applicant #1 Signature: 

Applicant #2 Name: Eric Speidell Applicant #2 Signature: 

Applicant #3 Name: Kyle Speidell Applicant #3 Signature: 

Date: 8.5.14

Note: The purpose of this Indemnification Agreement and Affidavit of Acknowledgement is to allow the City to be held harmless in terms of potential legal costs and liabilities in conjunction with license processing and approval, and to ensure the applicant is aware of the provisions of the City of Littleton Municipal Code and any other applicable laws pertaining to the Medical Marijuana Center Use.


INDEMNIFICATION AGREEMENT AND AFFIDAVIT OF ACKNOWLEDGEMENT

As a part of the application for a Medical Marijuana Center License, applicant and owner for the real property listed below agree to investigate, defend, indemnify and hold harmless the City, its officers, employees and agents from any damage, liability, claims, demands, detriments, costs, charges, and expense (including reasonable attorneys' fees), and causes of action which the City may incur, sustain or be subjected to on account of loss or damage to property or loss of use thereof, or for bodily injury to or death of any persons (including but not limited to property, employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected with this application for a Medical Marijuana Center license and arising from the negligent act or omission of applicant or owner, or their officers and employees.

If for any reason any portion of this Indemnification Agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of this Indemnification Agreement shall remain in full force and effect.

Applicant also agrees to abide by and conform to all of the conditions of the Medical Marijuana Center license and all provisions of the City of Littleton Municipal Code pertaining to the use, establishment, and operation of a Medical Marijuana Center license as well as Title 3 Chapter 20. Applicant understands and acknowledges that the approval of the Medical Marijuana Center license, if granted, shall in no way permit any activity contrary to any part of the Littleton Municipal Code, or any activity which is in violation of any applicable laws.

The applicant acknowledges and agrees the issuing of a Medical Marijuana Center License from the City of Littleton does not exempt the applicant, managers or employees from prosecution of any State or Federal law.

Applicant #1 Name: Nicholas Spindell Applicant #1 Signature: 

Applicant #2 Name: _____ Applicant #2 Signature: _____

Applicant #3 Name: _____ Applicant #3 Signature: _____

Date: 8.5.14

Note: The purpose of this Indemnification Agreement and Affidavit of Acknowledgement is to allow the City to be held harmless in terms of potential legal costs and liabilities in conjunction with license processing and approval, and to ensure the applicant is aware of the provisions of the City of Littleton Municipal Code and any other applicable laws pertaining to the Medical Marijuana Center Use.

CITY OF LITTLETON
INDIVIDUAL HISTORY RECORD
(Medical Marijuana Center)

To be completed by each individual applicant, all general partnership, and limited partners owning 5% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 5% (or more) of the stock of such corporation; all limited liability company **MANAGING** members, and officers or other limited liability company members with a 5% (or More) ownership interest in such company and all managers of a Medical Marijuana Center.

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 false hood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.**

1. Name of Business <u>The Green Solution, LLC</u>			
2. Your Full Name (last, first, middle) <u>Speidell, Eric, David</u>		3. List any other names you have used.	
4. Mailing address (if different from residence) <u>700 17th St., Ste 2200, Denver CO 80202</u>		Home Telephone <u>303-916-9798</u>	
5. List all residence addresses below. Include current and previous address for the past five years.			
STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current <u>1735 19th St. Unit 5D</u>	<u>Denver, Co 80202</u>	<u>6-2014</u>	<u>Present</u>
Previous <u>10750 Claire Ln.</u>	<u>Northglenn, Co 80234</u>	<u>1-2010</u>	<u>6-2014</u>
6. 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)	FROM	TO
<u>TGS Management, LLC</u>	<u>700 17th St. Ste 2200 Denver, Co 80202</u>	<u>1-2014</u>	<u>Present</u>
<u>The Green Solution, LLC</u>	<u>700 17th St. Ste 1610 Denver, Co 80202</u>	<u>8-2010</u>	<u>1-2014</u>
<u>KAS Construction, LLC</u>	<u>10750 Claire Ln. Northglenn, Co 80234</u>	<u>5-2007</u>	<u>8-2010</u>
7. List the names(s) of relatives working in or holding a financial interest in any Colorado Medical Marijuana Center.			
NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	BUSINESS NAME
<u>See Attached</u>			
8. Have you ever applied for, held, or had an interest in a Medical Marijuana Center? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<u>The Green Solution, LLC - founded, owned, + operated</u>			
<u>Since August 2010</u>			
9. Have you ever received a violation notice suspension or revocation, for a medical marijuana Center violation, or have you applied for or been denied a medical marijuana license anywhere in the U.S. (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CITY OF LITTLETON

10. Have you ever been convicted of a felony or received a suspended sentence, deferred sentence, or forfeited bail for any felony offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)

☒ Yes ☐ No

See Attached.

11. Are you currently under probation for a felony (supervised or unsupervised, parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) ☐ Yes ☒ No

PERSONAL INFORMATION

Unless otherwise provided by law in 24-72-204 C.R.S., information provided below will be treated as confidential

Oath of Applicant

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. I also acknowledge and permit the City of Littleton Police Department to obtain and review a criminal background record.

Signature

Title

Date

[Handwritten Signature]

CEO

8-5-2014

CITY OF LITTLETON
INDIVIDUAL HISTORY RECORD
(Medical Marijuana Center)

To be completed by each individual applicant, all general partnership, and limited partners owning 5% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 5% (or more) of the stock of such corporation; all limited liability company **MANAGING** members, and officers or other limited liability company members with a 5% (or More) ownership interest in such company and all managers of a Medical Marijuana Center.

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 false hood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.

1. Name of Business The Green Solution, LLC			
2. Your Full Name (last, first, middle) Speidell, Bradley, Michael		3. List any other names you have used.	
4. Mailing address (if different from residence) 700 17th St, Ste 2200, Denver, CO 80202		Home Telephone (720) 755-6210	
5. List all residence addresses below. Include current and previous address for the past five years.			
STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current 1920 17th St. #624	DENVER, CO 80202	01/14	PRESENT
Previous 2797 NEWATA WAY	DENVER, CO 80216	01/13	9/14
6. 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)	FROM	TO
THE GREEN SOLUTION	700 17th St. SUITE 2200 DENVER CO 80202	6/11	PRESENT
OMNI FINANCIAL	380 INTERLAKEN PRESENT #800 BRONFELDER CO 80021	01/09	12/10
7. List the names(s) of relatives working in or holding a financial interest in any Colorado Medical Marijuana Center.			
NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	BUSINESS NAME
KYLE SPEIDELL	BROTHER	CEO	THE GREEN SOLUTION
ERIC SPEIDELL	BROTHER	CEO	THE GREEN SOLUTION
8. Have you ever applied for, held, or had an interest in a Medical Marijuana Center? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SEE ATTACHED			
9. Have you ever received a violation notice suspension or revocation, for a medical marijuana Center violation, or have you applied for or been denied a medical marijuana license anywhere in the U.S. (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<u>ADDITIONAL</u>	<u>RESIDENCES</u>	<u>FROM</u>	<u>TO</u>
10750 CLARE LN.	NORTHGLENN, CO 80234	9/11	01/13
3732 E. 128 th Ave	THORNTON CO 80241	4/10	9/11

CITY OF LITTLETON

10. Have you ever been convicted of a felony or received a suspended sentence, deferred sentence, or forfeited bail for any felony offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)

☐ Yes ☒ No

11. Are you currently under probation for a felony (supervised or unsupervised, parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) ☐ Yes ☒ No

PERSONAL INFORMATION

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Oath of Applicant

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. I also acknowledge and permit the City of Littleton Police Department to obtain and review a criminal background record.

Signature

Title

Date



COO

8.4.2014

CITY OF LITTLETON
INDIVIDUAL HISTORY RECORD
(Medical Marijuana Center)

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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 false hood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.**

1. Name of Business <i>The Green Solution, LLC</i>			
2. Your Full Name (last, first, middle) <i>Speidell, Kyle, Andrew</i>		3. List any other names you have used.	
4. Mailing address (if different from residence) <i>700 17th St, suite 2200, Denver, CO 80202</i>		Home Telephone <i>(720) 937-2818</i>	
5. List all residence addresses below. Include current and previous address for the past five years.			
STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current <i>2001 Lincoln St, unit 2221</i>	<i>Denver, CO 80202</i>	<i>07/14</i>	<i>present</i>
Previous <i>2001 Lincoln St, unit 2322</i>	<i>Denver, CO 80202</i>	<i>07/13</i>	<i>07/14</i>
6. 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)	FROM	TO
<i>TUS Management, LLC</i>	<i>700 17th St, suite 2200 Denver, CO 80202</i>	<i>01/14</i>	<i>present</i>
<i>The Green Solution, LLC</i>	<i>700 17th St., suite 1610 Denver, CO 80202</i>	<i>08/10</i>	<i>01/14</i>
<i>KAS Construction, LP</i>	<i>10750 Claire Ln Northglenn, CO 80233</i>	<i>01/06</i>	<i>08/10</i>
7. List the names(s) of relatives working in or holding a financial interest in any Colorado Medical Marijuana Center.			
NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	BUSINESS NAME
<i>See Attached.</i>			
8. Have you ever applied for, held, or had an interest in a Medical Marijuana Center? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>The Green Solution, LLC - founded, owned, & operated since August 2010.</i>			
9. Have you ever received a violation notice suspension or revocation, for a medical marijuana Center violation, or have you applied for or been denied a medical marijuana license anywhere in the U.S. (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CITY OF LITTLETON

10. Have you ever been convicted of a felony or received a suspended sentence, deferred sentence, or forfeited bail for any felony offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)

☐ Yes ☒ No

11. Are you currently under probation for a felony (supervised or unsupervised, parole, or completing the requirements of a deferred sentence)? (If yes, explain in detail.) ☐ Yes ☒ No

PERSONAL INFORMATION

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Oath of Applicant

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. I also acknowledge and permit the City of Littleton Police Department to obtain and review a criminal background record.


Signature

CEO
Title

07/31/14
Date

CITY OF LITTLETON
INDIVIDUAL HISTORY RECORD
(Medical Marijuana Center)

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1. Name of Business <i>The Green Solution, LLC</i>			
2. Your Full Name (last, first, middle) <i>Speidell, Nicholas, Christopher</i>		3. List any other names you have used.	
4. Mailing address (if different from residence) <i>700 17th St, Ste 2200, Denver, CO 80202</i>		Home Telephone <i>(720) 244-6488</i>	
5. List all residence addresses below. Include current and previous address for the past five years.			
STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current <i>1401 Wewatta St #901</i>	<i>Denver, Co 80202</i>	<i>Aug 13'</i>	<i>Present</i>
Previous <i>11625 Community Center Drive</i>	<i>Northglenn, Co 80233</i>	<i>Aug 12'</i>	<i>Aug 13'</i>
6. 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)	FROM	TO
<i>TGS Management</i>	<i>700 17th St. Unit 2200 Denver, Co 80202</i>	<i>12-12'</i>	<i>Present</i>
<i>Epsilon</i>	<i>2550 Crescent Dr. Lafayette, Co 80025</i>	<i>12-11'</i>	<i>12-12'</i>
<i>SAIC</i>	<i>105 Technology Dr. Broomfield, Co 80021</i>	<i>9-11'</i>	<i>12-11'</i>
7. List the names(s) of relatives working in or holding a financial interest in any Colorado Medical Marijuana Center.			
NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	BUSINESS NAME
<i>Kyle Speidell</i>	<i>Brother</i>	<i>CEO</i>	<i>TGS Management</i>
<i>Eric Speidell</i>	<i>Brother</i>	<i>CEO</i>	<i>TGS Management</i>
8. Have you ever applied for, held, or had an interest in a Medical Marijuana Center? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<i>See Attached</i>			
9. Have you ever received a violation notice suspension or revocation, for a medical marijuana Center violation, or have you applied for or been denied a medical marijuana license anywhere in the U.S. (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

6. Employer Address From: To:
 TCS Communication Camp Leatherneck, Afghanistan 2.10' 9.11'
 Northrop Grumman 3535 Northrop Grumman Dr. Co Springs 7.9' 2.10'

7. Name of Relative Relationship Position Held Business Name
 Rick Spudell Bradley Spudell Father Brother COO TCS Management
 Facility Development TCS Management

57

CITY OF LITTLETON

10. Have you ever been convicted of a felony or received a suspended sentence, deferred sentence, or forfeited bail for any felony offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)

☐ Yes ☒ No

11. Are you currently under probation for a felony (supervised or unsupervised, parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) ☐ Yes ☒ No

PERSONAL INFORMATION

Unless otherwise provided by law in 24-72-204 C.R.S., information provided below will be treated as confidential

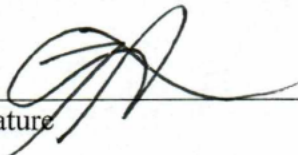
Oath of Applicant

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. I also acknowledge and permit the City of Littleton Police Department to obtain and review a criminal background record.

Signature

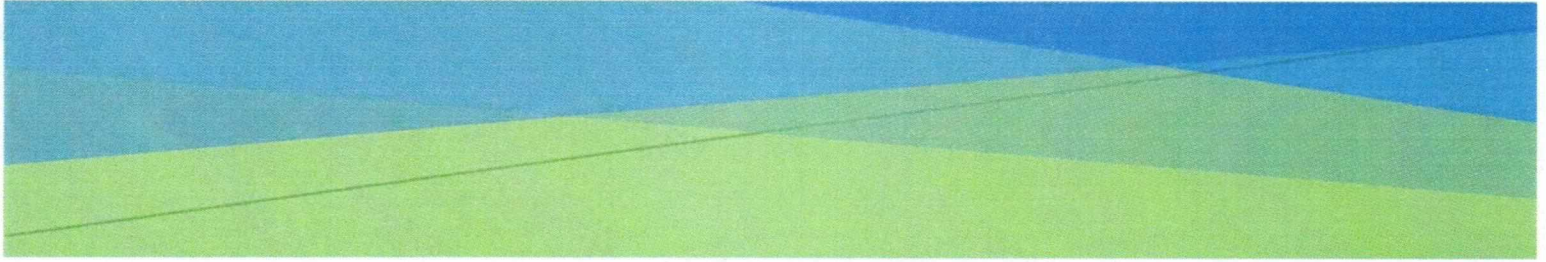
Title

Date



CISO

8.5.14



Supporting Documents

SOS | Sales Tax | Additional Locations & Licenses

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,

The Green Solution, LLC

is a **Limited Liability Company** formed or registered on 03/25/2010 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 20101177162.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/03/2014 that have been posted, and by documents delivered to this office electronically through 07/07/2014 @ 14:54:47.

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 07/07/2014 @ 14:54:47 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8894232.



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."



Colorado Secretary of State
Date and Time: 06/23/2014 01:19 PM
ID Number: 20101177162

Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Document number: 20141380779
Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Change
Changing the Principal Office Address

filed pursuant to § 7-90-305.5 and § 7-90-705 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number and the entity name, or, if the entity does not have an entity name, the true name are

Entity ID number 20101177162
(Colorado Secretary of State ID number)
Entity name or True name The Green Solution, LLC

2. The entity's principal office address has changed.

Such address, as changed, is

Street address 700 17th Street
(Street number and name)
Suite 2200
Denver CO 80202
(City) (State) (ZIP/Postal Code)
United States
(Province – if applicable) (Country)
Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)
(Province – if applicable) (Country)

3. (If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

4. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are _____
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in

conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

5. The true name and mailing address of the individual causing this document to be delivered for filing are

Gomm	Seth	S.	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
1909 West State Road			
<small>(Street number and name or Post Office Box information)</small>			
Suite 200			
<small>(Street number and name or Post Office Box information)</small>			
Pleasant Grove	UT	84062	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
United States			
<small>(Country)</small>			
<small>(Province – if applicable)</small>			

(If applicable, adopt the following statement by marking the box and include an attachment.)

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).



Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
 Date and Time: 06/23/2014 01:10 PM
 ID Number: 20101177162
 Document number: 20141380717
 Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number:

20101177162

1. Entity name:

the green solution

(If changing the name of the limited liability company, indicate name before the name change)

2. New Entity name:
 (if applicable)

The Green Solution, LLC

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- ☐ "bank" or "trust" or any derivative thereof
☐ "credit union" ☐ "savings and loan"
☐ "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

or

If the limited liability company's period of duration as amended is perpetual, mark this box: ☐

6. (Optional) Delayed effective date:

(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Gomm

Seth

S.

(Last)

(First)

(Middle)

(Suffix)

1909 West State Road

Suite 200 (Street name and number or Post Office Box information)

Pleasant Grove

(City)

UT 84062

(State)

United States (Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

STATE
COLORADO

COUNTY
ARAPAHOE

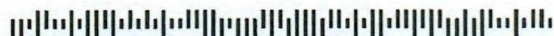
RTD/CD

**Must collect
taxes for:
SALES TAX
LICENSE**

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	industry	type	liability date	month	day	year	
04281205-0008	10	0011	008	L	070114	Jul	01	14	2015

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION
IN A CONSPICUOUS PLACE: 5231 S SANTA FE DR LITTLETON CO 80120-1072

**THIS LICENSE IS NOT
TRANSFERABLE**



GREEN SOLUTION LLC
ATTN: SPEIDELL ERIC
700 17TH ST # 1610
DENVER CO 80202-3502

Executive Director
Department of Revenue

▲ Detach Here ▲

Letter Id: L1674904768

Important Verification Process

If you are new to Colorado sales tax visit: www.Colorado.gov/revenue/salestaxbasics

VERIFY that all information on your sales tax license is correct. Modify and update any errors you identify on the Internet through Revenue Online. **Access your tax account, file returns, submit payments, verify sales tax licenses and view sales tax rates through Revenue Online at www.Colorado.gov/RevenueOnline**

All the information you need to register is on this document; have it with you before you begin. Follow these easy steps.

1. Go to www.Colorado.gov/RevenueOnline
2. Click on the **Sign Up (Individual or Business)** link on the right.
3. Click on **Continue**.

Now click on: **Enter Taxpayer Information**. Click on the down arrow in the Account Type list and select Other. Use the first 8-digits of the account number shown on your license. Complete the rest of the screen.

Next click on: **Enter Login Information** and complete the screen (this is information YOU get to create for the account).

Next click on: **Enter Account Information** and complete the screen.

Your Letter ID is: L1674904768

Then click the **Submit** button. You will see a confirmation page on your screen. You should receive a confirmation email from the Colorado Department of Revenue. If you do not, check your Junk email folder. Once you have your Authorization Code return to Revenue Online via the link in your email. Enter the Login ID and Password you created.

1. Click on the **Login** button.
2. Enter the Authorization Code from your email (first time only).
3. Click Login. You should then be in your account. NOTE: If you have additional tax types registered under the same Account Number, such as withholding, you will be able to view those tax types through the account. You do not need to create separate Login IDs and Passwords for each tax in your account.

Filing Returns

To file a return, go to Revenue Online (www.Colorado.gov/RevenueOnline). You must file a return for each reporting period. If you have no tax to report, file a "zero" return. Tax reporting and payment are your responsibility. To avoid late penalties and interest, file online on or before the due date. If you discontinue sales, you may close your business location through Revenue Online.

Learn more and avoid unnecessary errors by attending our **free sales tax classes!** Sign up at www.TaxSeminars.state.co.us

The Green Solution, LLC

Additional Licenses *as of 7/10/2014*

1. 4394 Grape St., Denver, CO 80216
 - OPCM – The Green Solution, LLC – 403-00208, EXP 3/5/2015
 - City of Denver - 1061089, EXP 03/05/2015
 - OPCM – The Green Solution, LLC – 403-01284, EXP 5/24/2015
 - City of Denver - 1063209, EXP 6/14/2015
 - RMC – The Green Solution, LLC – 403R-00019, EXP 12/31/2014
 - City of Denver - 1068932, EXP 1/1/2015
 - RMC – The Green Solution, LLC – 403R-00018, EXP 12/31/2014
 - City of Denver - 1068930, EXP 1/1/2015
 - OPCM – Rocky Mountain Caregivers, INC – 403-01283, EXP 5/24/2015
 - City of Denver - 1060679, EXP 5/24/2015
 - RMC – Rocky Mountain Caregivers, INC – 403R-00020, EXP 12/31/2014
 - City of Denver - 1068935, EXP 1/1/2015
 - OPCM – Green Earth Wellness, INC – 403-01386, EXP 9/25/2014
 - City of Denver - 1068630, EXP 12/27/2015
 - OPCM – Infuzionz, LLC – 403-01276, EXP 3/8/2015
 - City of Denver - 1061088, EXP 3/18/2015
 - RMC – Infuzionz, LLC – 403R-00021, EXP 1/1/2015
 - City of Denver - 1068938, EXP 1/1/2015
2. 2600 W. Barberry Pl., Denver, CO 80204
 - OPCM – The Green Solution, LLC – 403-00179, EXP 1/25/2015
 - City of Denver - 1060681, EXP 1/25/2016
 - OPCM – The Green Solution, LLC – 403-01387, EXP 9/26/2014
 - City of Denver - 1068633, EXP 1/25/2015
 - OPCM – Green Earth Wellness, INC – 403-00653, EXP 5/30/2015
 - City of Denver – 1060680, EXP 5/30/2015
 - OPCM – Rocky Mountain Caregivers, INC – 403-01389, EXP 9/26/2014
 - City of Denver - 1068632, EXP 12/27/2015
 - OPCM – Infuzionz, LLC – 403-01388, EXP 9/26/2014
 - City of Denver - 1068631, EXP 12/27/2015
3. 5305 Steele St., Denver, CO 80216
 - OPCM – The Green Solution, LLC – 403-01382, EXP 9/26/2014
 - OPCM – The Green Solution, LLC – 403-01381, EXP 9/26/2014
 - RMC – The Green Solution, LLC – 403R-00016, EXP 12/31/2014
 - City of Denver - 1068929, EXP 1/1/2015
 - OPCM – Green Earth Wellness, INC – 403-01384, EXP 9/26/2014
 - RMC – Green Earth Wellness, INC – 403R-00017, EXP 12/31/2014
 - City of Denver - 1068941, EXP 1/1/2015
 - OPCM – Rocky Mountain Caregivers, INC – 403-01383, EXP 9/26/2014
 - OPCM – Infuzionz, LLC – 403-01385, EXP 9/26/2014

4. 4400 Grape St., Denver, CO 80216
 - MMC – The Green Solution, LLC – 402-00835, EXP 6/4/2015
 - City of Denver - 1063210, EXP 6/4/2015
 - RMS – The Green Solution, LLC – 402R-00015, EXP 12/31/2014
 - City of Denver - 1068925, EXP 1/1/2015
5. 2601 W. Alameda Ave., Denver, CO 80219
 - MMC – Rocky Mountain Caregivers, INC – 402-00143, EXP 5/24/2015
 - City of Denver - 1045650, EXP 5/24/2015
 - RMS – Rocky Mountain Caregivers, INC – 402R-00016, EXP 12/31/2014
 - City of Denver - 1068928, EXP 1/1/2015
 - MIP – Infuzionz, LLC – 404-00329, EXP 1/28/2015
 - City of Denver - 1061087, EXP 1/28/2016
 - RMPM – Infuzionz, LLC – 404R-00003, EXP 1/1/2015
 - City of Denver - 1068939, EXP 1/1/2015
6. 389 Wadsworth Blvd., Lakewood, CO 80226
 - MMC – Green Earth Wellness, INC – 402-00555, EXP 5/30/2015
 - City of Lakewood – 39426, EXP 5/28/2015
7. 470 Malley Dr., Northglenn, CO 80233
 - MMC – The Green Solution, LLC – 402-00127, EXP 5/02/2015
 - City of Northglenn – 10-02, EXP 6/30/2015
 - RMS – The Green Solution, LLC – 402R-00014, EXP 12/31/2014
 - City of Northglenn – 14-01, EXP 1/1/2015

The Green Solution, LLC

Additional locations -

1. MMC/RMS - 4400 Grape Street, Denver, CO 80216
2. OPCM/RMC - 4394 Grape Street, Denver, CO 80216
3. MMC/RMS - 2601 W. Alameda Avenue, Denver, CO 80219
4. MMC - 389 Wadsworth Blvd., Lakewood, CO 80226
5. OPCM – 2600 W. Barberry Place, Denver, CO 80204
6. OPCM/RMC – 5305 Steele, Denver, CO 80216

Businesses Associated with -

1. Green Earth Wellness, INC
2. Rocky Mountain Caregivers, INC
3. Infuzionz, LLC
4. S-type Armored, LLC
5. Speidell Real Estate Group, LLC

**DECLARATION OF PROPERTY OWNER ALLOWING
MEDICAL MARIJUANA**

TC Holdings, LLC, a Colorado limited liability company, ("TC") the owner of certain commercial real property located at 5231 S. Santa Fe Drive, Littleton Colorado, 80120 (the "**Property**"), hereby certifies that effective August 1, 2014, it leased the Property to The Green Solution, LLC, a Colorado limited liability company ("TGS").

TC further certifies that it is aware and acknowledges that TGS's intended use for the Property is to sell MEDICAL MARIJUANA from the Property.

WITNESS my hand on this 5th day of August, 2014.

company

TC HOLDINGS, LLC, a Colorado limited liability

By: _____

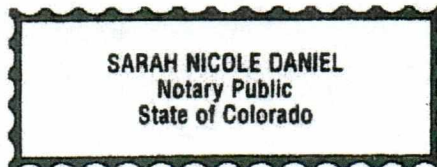
Name: _____

Its: _____

STATE OF COLORADO

COUNTY OF Arapahoe

)
: ss.
)



On this 5th day of August, 2014, personally appeared before me Tim Czarnek, the signer of the above instrument, who duly acknowledged that (s)he executed the same.

S. Lord
NOTARY PUBLIC

AFFIDAVIT

STATE OF COLORADO)
) SS
COUNTY OF ARAPAHOE)

I, Colleen Norton, being first duly sworn upon oath, depose and say that for a period of not less than 10 days, beginning on August 21, 2014, there was posted upon the property located at 5231 S Santa Fe Drive, Littleton, Colorado, a notice that there will be a hearing to consider a new application for a Medical Marijuana Center license for The Green Solution, LLC; d/b/a The Green Solution, 5231 S Santa Fe Drive, on the 10th day of September, 2014 and that said notice was in due form of the law.

Colleen Norton

Colleen L. Norton, Deputy City Clerk

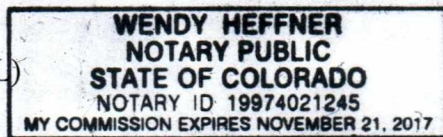
Subscribed and sworn to before me this 21st day of August, 2014

Witness my hand and seal.

Wendy Heffner

Notary Public

(SEAL)



My commission expires

NOTICE

**PURSUANT TO THE LITTLETON MUNICIPAL CODE
THE GREEN SOLUTION, LLC; DBA: THE GREEN SOLUTION; 5231
S SANTA FE DRIVE; LITTLETON, CO 80120 HAS REQUESTED THE
LICENSING OFFICIALS OF THE CITY OF LITTLETON TO GRANT A
MEDICAL MARIJUANA DISPENSARY LICENSE AT THIS LOCATION.**

**PUBLIC HEARING DATE AND TIME: 09/10/2014 AT 7:00 P.M.
DATE OF APPLICATION: 08/06/2014. BY ORDER OF THE LITTLE-
TON LICENSING AUTHORITY. APPLICANTS: ERIC SPEIDELL BRAD-
LEY SPEIDELL 1735 19TH ST. 1920 17TH ST., DENVER, CO DEN-
VER, CO; KYLE SPEIDELL NICHOLAS SPEIDELL, 2001 LINCOLN ST.
1401 WEWATTA ST.; DENVER, CO DENVER, CO**

**REMONSTRANCES ADDRESSED TO THE CITY CLERK AT CITY OF
LITTLETON, 2255 W BERRY AVENUE, LITTLETON, CO 80120**



Colleen Norton <cnorton@littletongov.org>

The Green Solution notice

1 message

Nick Speidell <nick@tgscolorado.com>

Thu, Aug 21, 2014 at 11:53 AM

To: "cnorton@littletongov.org" <cnorton@littletongov.org>

Cc: Kyle Speidell <kyle@tgscolorado.com>, Eric Speidell <eric@tgscolorado.com>, Brad Speidell <brad@tgscolorado.com>

Hi Colleen,

Got the sign up with a couple pics. Let me know if there's anything else I can do. [\(720\) 341-6488](tel:7203416488)

Thank you,

Nick Speidell

Chief Information Security Officer

TGS Management

700 17th Street Suite 2200

Denver, Co 80202

2 attachments

**IMG_20140821_114650381.jpg**
3577K**IMG_20140821_114609078.jpg**
3272K



Colleen Norton <cnorton@littletongov.org>

Re: Please run

1 message

Sheree Sandell <ssandell@coloradocommunitymedia.com>
To: Colleen Norton <cnorton@littletongov.org>

Tue, Aug 12, 2014 at 4:13 PM

Colleen

Here you go. Please let me know if you need anything else.

Thanks, sheree

Sheree Sandell • Legal Specialist • 303-566-4088
9137 Ridgeline Blvd. • Highlands Ranch, CO • 80129
legals@coloradocommunitymedia.com
ssandell@coloradocommunitymedia.com

Deadline for legal notices is at 5PM Wednesday, a week prior to the publication date.

Colorado Community Media publishes legal notices for the following counties:
Adams, Arapahoe, Douglas, Elbert, El Paso, Jefferson and Teller Counties



132 AWARDS
2013 COLORADO BETTER
NEWSPAPER CONTEST

- General Excellence Award Winner
- Advertising Sweepstakes Winner
- Photo & Design Sweepstakes Winner

A testament to quality in journalism and advertising, we are proud to publish each of our 22 community newspapers and strive to be your number one source for local news, sports, business and local deals.



Colorado Community Media.com

From: Colleen Norton <cnorton@littletongov.org>
Date: Tuesday, August 12, 2014 3:58 PM
To: MHPC Legals 1 <ssandell@coloradocommunitymedia.com>
Subject: Please run

Please run the attached announcement under Legal Notices in the 08/21/2014 edition of the Littleton Independent. Please provide proof of publication. Thank you.

PUBLIC NOTICE

PURSUANT TO THE LITTLETON MUNICIPAL CODE

**THE GREEN SOLUTION, LLC; DBA:
THE GREEN SOLUTION; 5231 S SANTA
FE DRIVE; LITTLETON, CO 80120 HAS
REQUESTED THE LICENSING OFFI-
CIALS OF THE CITY OF LITTLETON TO
GRANT A MEDICAL MARIJUANA DIS-
PENSARY LICENSE AT THIS LOCA-
TION. PUBLIC HEARING DATE AND
TIME: 09/10/2014 AT 7:00 P.M. **DATE
OF APPLICATION: 08/06/2014. BY OR-
DER OF THE LITTLETON LICENSING
AUTHORITY. APPLICANTS:****

ERIC SPEIDELL
1735 19TH ST., DENVER, CO

KYLE SPEIDELL
2001 LINCOLN ST., DENVER, CO

BRADLEY SPEIDELL
1920 17TH ST., DENVER, CO

NICHOLAS SPEIDELL
1401 WEWATTA ST., DENVER, CO

REMONSTRANCES ADDRESSED TO
THE CITY CLERK AT CITY OF
LITTLETON, 2255 W BERRY AVENUE,
LITTLETON, CO 80120

Legal Notice No.: 55156
First Publication: August 21, 2014
Last Publication: August 21, 2014
Publisher: Littleton Independent

CITY OF LITTLETON, COLORADO

Resolution No. 5

Series, 2014

**A RESOLUTION OF THE LICENSING AUTHORITY OF THE CITY OF
LITTLETON, COLORADO, APPROVING THE APPLICATION OF THE
GREEN SOLUTION, LLC, D/B/A THE GREEN SOLUTION, 5231 S.
SANTA FE DRIVE, LITTLETON, COLORADO, COUNTY OF
ARAPAHOE, FOR A MEDICAL MARIJUANA CENTER LICENSE**

WHEREAS, The Green Solution, LLC, d/b/a The Green Solution, 5231 S Santa Fe Drive, has filed an application for a Medical Marijuana Center License; and

WHEREAS, the Licensing Authority of the City of Littleton desires to enter its written findings and decision regarding approval of said license by resolution pursuant to that authority granted by title 12, Article 47 of the Colorado Revised Statutes.

NOW, THEREFORE, BE IT RESOLVED BY THE LICENSING
AUTHORITY OF THE CITY OF LITTLETON, COLORADO, THAT:

Section 1. Based upon testimony heard and evidence presented at a public hearing on September 10, 2014, the Authority finds that: (1) notice of the hearing was properly posted and published; (2) the application is complete and signed by the applicant; (3) the applicant has paid the application fee and any other fees required; (4) the application does not contain a material falsehood or misrepresentation; (5) the application complies with all of the requirements of this chapter; (6) the applicant, any person with an ownership interest of five percent (5%) or greater or any manager have not previously been convicted of a felony violation; and (7) the proposed location of the medical marijuana center is permitted in that the center is not located within any distance restrictions established by City Code.

Section 2. With the condition that Mother Nature's Miracle relinquish its current Medical Marijuana Center License, the application of The Green Solution, LLC, d/b/a The Green Solution is hereby approved and the Medical Marijuana Center License is ordered to be issued to the applicant, subject to approval by the State of Colorado Medical Marijuana Enforcement Division.

Section 3. The City Clerk is hereby directed to send to the applicant a copy of this resolution by certified mail approving issuance of said license at the address shown on the application.

INTRODUCED, READ AND ADOPTED at a regularly scheduled

meeting of the Licensing Authority of the City of Littleton, Colorado, on the 10th
day of September, 2014, at 7:00 p.m. at the Littleton Center, 2255 West Berry
Avenue, Littleton, Colorado.

ATTEST:

Colleen L. Norton

DEPUTY CITY CLERK

Bill Bradish

LICENSING AUTHORITY CHAIR

APPROVED AS TO FORM:

Kristin Schledorn

DEPUTY CITY ATTORNEY