

City of Boulder  
 Finance Department's Regulatory License Division  
 Brenton Building, 1<sup>st</sup> Floor  
 1136 Alpine Avenue, Boulder, CO 80304  
 P.O. Box 791, Boulder, Colorado 80306  
 303 -441- 4192

**CITY OF BOULDER HEMP BUSINESS REGISTRATION APPLICATION- PART 1  
 CHAPTER 4-33, BOULDER REVISED CODE**

This Application is for the following Premise Location Type (please check only 1 registration type and file a separate complete application if another license type is also applicable):

Hemp Cultivation                       Hemp Extraction/Production

"Applicant" is defined as Legal Name of Individual or Business Entity being registered and will hold license if approved.

New License

[\$400 Hemp Register Fee & \$1,200 License Application]

**For businesses with city business licenses applied for or issued by 6/16/20, Hemp Register Fee is due by 1/1/21 and License Application Fee is due by 7/1/21 but all fees must be paid prior to city inspections**

Business Entity Type:    [ ] Corporation                      [ ] Limited Liability Company                      [ ] Association  
    [ ] Partnership                      [ ] Sole Proprietor                      [ ] Other: \_\_\_\_\_

Business Entity Applicant Name: \_\_\_\_\_

Trade Name of Establishment (doing business as) \_\_\_\_\_

Business Owner's Contact Name: \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Email Address \_\_\_\_\_

Address of Premise Location \_\_\_\_\_

Street Address                                      City                      State              Zip Code

Business Mailing Address \_\_\_\_\_

Street Address                                      City                      State              Zip Code

City Sales Tax License No. \_\_\_\_\_ State Sales Tax License No. \_\_\_\_\_ FEIN No. \_\_\_\_\_

I. Does the Applicant have a current state registration for their Hemp business from the Colorado Department of Revenue or the Colorado Department of Public Health and Environment?  
[ ] Yes                      [ ] No

II. Does the Applicant have legal possession of the proposed licensed premise for at least 12 months from the date that this registration was filed by virtue of ownership, lease or other arrangement?  
[ ] Yes                      [ ] No

If leased, list the name of landlord and tenant, and date of expiration exactly as they appear on the lease

Landlord	Tenant	Expires
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Example - complete pages 1 and 2 via online submission

III. Does the Applicant already hold or have they applied for a City sales and use tax license?

Yes

No

If Yes, what is the Issued Date \_\_\_\_\_ OR Application Filing Date \_\_\_\_\_ of City Business License?

IV. What was the Business Opening Date of the Business being registered? \_\_\_\_\_

I declare under penalty of perjury in the second degree that this application, all attachments, and all answers are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Boulder Revised Code and all Rules and Regulations which govern my Hemp Business Registration Application and any issued City Hemp License.

Authorized Signature	Printed Name	Title	Date

Example- complete pages 1 and 2 via online submission

**HEMP BUSINESS LICENSE - PART 2: Supplemental Questions and Required Attachments Answer questions fully, sign page 2, and attach Attachment documents in the order listed**

Business Name \_\_\_\_\_ Trade Name \_\_\_\_\_  
Premise Address \_\_\_\_\_ Date Part 1 Filed \_\_\_\_\_

**State Registration Status and Business Premise Location Questions**

1. Does the Applicant have current state registrations for their Hemp business from the Colorado Department of Revenue or the Colorado Department of Public Health and Environment?  
If Yes, please attached copies of all state certificates.  Yes  No
2. Had the business owner or manager even been involved in any enforcement action with Colorado Department of Agriculture or Colorado Department of Public Health and Environment?  
If Yes, please attach copies of state documents.  Yes  No
3. Is this proposed premise location the only location that is affiliated with this business?  
If No, then please attach a list of all other premise locations.  Yes  No
4. Is this proposed premise location within 500 feet of a marijuana or hemp business or located in a residential zone or a building with residences?  Yes  No

If Yes, then please explain: \_\_\_\_\_

5. Does the Applicant have legal possession of the proposed licensed premise for at least 12 months from the date that this registration was filed by virtue of ownership, lease or other arrangement?

- I) Applicant must provide copy of the recorded Deed, signed Lease or other possession evidence
- ii) Please also attach landlord letter allowing city inspections from Fire, Police, Planning and Licensing

\_\_\_\_\_ Ownership \_\_\_\_\_ Lease \_\_\_\_\_ Other (explain in detail- use extra sheet)

If leased, list the name of landlord and tenant, and date of expiration exactly as they appear on the lease

_____	_____	_____
Landlord	Tenant	Expires

**B.R.C Chapter 4-33, Questions about City Laws for Hemp Businesses**

6. Has the Applicant implemented a Neighborhood Responsibility Plan? If Yes, please attach Plan  Yes  No
7. Does the Applicant have a electrical usage plan, mold mitigation plan and wastewater plan? If Yes, please attach all Plans  Yes  No
8. For Cultivation locations, does the Applicant have an Odor Control Plan to ensure proper ventilation for filtration of cannabis odor so that odor will not be observed outside of the business? If Yes, please attach Plan  Yes  No
9. For Extraction locations, does the Applicant have an Industrial Hygienist Plan to ensure that employees and surrounding business addresses are safe when extraction of product occurs? If Yes, please attach Plan  Yes  No
10. Is the Applicant familiar with Boulder's laws regarding Hemp businesses and does agree to comply with all of its requirements and prohibitions?  Yes  No

**City Business Licensing and Business Operations Questions**

11. Does the Applicant already hold or have they applied for a City sales and use tax license?

[ ] Yes [ ] No

If Yes, what is the Issued Date \_\_\_\_\_ OR Application Filing Date \_\_\_\_\_ of City Business License?

12. What is the Business Opening Date? \_\_\_\_\_

13. If the Applicant is a business entity, provide Registered Agent's Name, email address, and mailing address:

\_\_\_\_\_  
Registered Agent's Name Registered Agent's email address

\_\_\_\_\_  
Registered Agent's Street Address City State Zip

**PLEASE INCLUDE ALL ATTACHMENTS IN THE BELOW ORDER IN SCANNED FORM**

ATTACHMENT 1: State Issued and Current Registration for Hemp Business

ATTACHMENT 2: State Agency Enforcement or Violation Documents (if any)

ATTACHMENT 3: Business Formulation Documents- LLC or Corporation or Partnership

ATTACHMENT 4: Lease or Deed to Business Premise, signed by all parties, term current, & valid for 1 year from License Issuance.

Also, include signed letter from landlord to tenant allowing city inspections by Planning, Fire, Police and City Licensing.

ATTACHMENT 5: Certificate of Insurance with City of Boulder named as additional insured and certificate holder required before city inspections

ATTACHMENT 6: Operating Plan with business operations description, dimensioned general floor plan, electrical usage plan, neighborhood responsibility plan, mold mitigation and completed wastewater plan

For Cultivation locations, please attach a copy of your Odor Control Plan using the city's template with your Operating Plans. Please use city example as a template.

For Extraction locations, please attach a copy of your signed/stamped final Industrial Hygienist Plan and an Odor Control Plan per city's template with your Operating Plans.

ATTACHMENT 7: City of Boulder Business License

ATTACHMENT 8: PAYMENT OF REMAINING FEES AS REQUIRED BY B.R.C. 4-20-73.

**OATH OF APPLICANT AND CONFIRMING SIGNATURE**

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 agents and employees to comply with the provisions of the Boulder Revised Code and all Rules and Regulations which govern my Hemp Business Registration Application and any issued City Hemp Registration.

Authorized Signature	Printed Name	Title	Date

**FOR CITY INTERNAL USE ONLY:** CITY ASSIGNED LICENSE NO: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ TRADE NAME: \_\_\_\_\_

PREMISE ADDRESS & SUITE/UNIT NUMBER: \_\_\_\_\_

PLANNING/ZONING (Date Sent: \_\_\_) AS TO BUSINESS DENSITY, DISTANCE MEASUREMENT, & ALLOWED ZONING NEW BUSINESS LICENSE OR ANNUAL RENEWAL IS RECOMMENDED TO BE:  
\_\_\_\_ APPROVED \_\_\_\_ DENIED

BASIS FOR RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
City Staff's Name Title Date

CITY SALES TAX DEPARTMENT (Date Sent: \_\_\_) AS TO CITY SALES AND USE TAX LICENSE AND TAX REMITTANCE NEW BUSINESS OR ANNUAL RENEWAL IS RECOMMENDED TO BE:  
\_\_\_\_ APPROVED \_\_\_\_ DENIED

BASIS FOR RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
City Staff's Name Title Date

BOULDER POLICE DEPARTMENT (Date Sent: \_\_\_) NEW BUSINESS OR ANNUAL RENEWAL IS RECOMMENDED TO BE:  
\_\_\_\_ APPROVED \_\_\_\_ DENIED

BASIS FOR RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
City Staff's Name Title Date

FIRE DEPARTMENT (Date Sent: \_\_\_) NEW BUSINESS OR ANNUAL RENEWAL IS RECOMMENDED TO BE:  
\_\_\_\_ APPROVED \_\_\_\_ DENIED

BASIS FOR RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
City Staff's Name Title Date

BUILDING SERVICES (Date Sent: \_\_\_) AS TO BUILDING PLANS/ PERMITS AND PROPER CONSTRUCTION NEW BUSINESS OR ANNUAL RENEWAL IS RECOMMENDED TO BE:  
\_\_\_\_ APPROVED \_\_\_\_ DENIED

BASIS FOR RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
City Staff's Name Title Date



**ATTACHMENT 6: An Operating plan narrative for proposed Cannabis business including the following information and a General premise diagram with the items on the checklist listed here (please include additional pages as required):**

[ ] C. FOR ALL LICENSE APPLICANTS: A Neighborhood Responsibility Plan that demonstrates how the business (Applicant) will fulfill its responsibilities as a good neighbor and deter secondary impacts to the surrounding neighborhood, including, but not limited to:

- ❖ (a) Neighborhood Outreach: Describe the manner in which the Applicant has contacted residents and businesses in the neighborhood of the Cannabis business,
  - ◆ Door to Door, flyers to each address, phone calls, mailing to each address: \_\_\_\_\_
  - ◆ When were such contacts made (check all that apply):
    - \_\_\_\_\_ before opening                      \_\_\_\_\_ after opening
    - \_\_\_\_\_ within past two months                      \_\_\_\_\_ more than 6 months ago
  - ◆ Describe area used as neighborhood contacted (i.e. within 1 block, within 500 foot radius, other) \_\_\_\_\_
- ❖ (b) Future Communication Method: Describe the information provided to neighboring residents and businesses on how to contact business in case of problems related to Cannabis business (i.e. 24/7 cell number of owner, phone number posted at business, other): \_\_\_\_\_
  - ◆ Businesses contact person's name and phone number: \_\_\_\_\_
  - ◆ Describe other methods in which neighbors were advised they could contact Cannabis business in case of problems related to the business: \_\_\_\_\_
- ❖ (c) Effective Mitigation Planning: What neighborhood impacts do you anticipate and describe how the business will effectively mitigate neighborhood impacts to surrounding residences and businesses, including but not limited to, noise, traffic, crowding, lights related to their business: \_\_\_\_\_
- ❖ (d) Dispute Resolution Process: Describe the dispute resolution procedure the Applicant will use in the event of a dispute between the surrounding neighborhood and business (check all that apply):
  - ◆ \_\_\_ Respond to telephone calls within 24 hours
  - ◆ \_\_\_ Respond to telephone calls within 48 hours
  - ◆ \_\_\_ Owner meeting with neighbors with concerns
  - ◆ \_\_\_ If dispute cannot be resolved satisfactorily, call \_\_\_\_\_  
for assistance resolving dispute (i.e. arbitration service business has made arrangements with or City of Boulder Mediation Services or Other Conflict Resolution).
- ❖ Expected Business Hours of Operation: \_\_\_\_\_

FOR ALL LICENSE APPLICANTS, A statement of the amount of projected daily average and peak electrical load used by the business and a certification from the landlord and the utility provider (please attach) that the premises are already equipped for or will be upgraded for the required electrical load: \_\_\_\_\_

FOR ALL LICENSE APPLICANTS: Name of owner or manager, who will reply to the City of Boulder, and applicant representative's phone number and email address when premise inspection or city enforcement contact is required:

\_\_\_\_\_

FOR ALL LICENSE APPLICANTS, Provide addresses of all other Colorado business operating under this applicant entity: \_\_\_\_\_

FOR ALL LICENSE APPLICANTS, Describe plan for locked disposal of any hemp material or infused product in a manner that protects any portion thereof from being possessed or ingested by any person or animal and that renders disposed of product unusable and unrecognizable:

\_\_\_\_\_

FOR ALL LICENSE APPLICANTS, Describe plan for ventilation of business that indicates ventilation systems that will be used to prevent any odor of cannabis from leaving licensed premises. For infused product businesses, such plan shall also include all ventilation systems used to mitigate noxious gases or other fumes used or created as part of production process:

\_\_\_\_\_

FOR ALL LICENSE APPLICANTS, Please include a description of all toxic, flammable, or other materials regulated by federal, state or local government with authority over the business that will be used or kept at the business. location of such materials and how such materials will be stored:

\_\_\_\_\_

FOR ALL LICENSE APPLICANTS, A description of the products to be produced by the business, including an indication of whether or not the business proposes to engage in the production of retail sale of food or other products for human ingestion, and whether any products or services will be provided at a location different than the address on the license application: \_\_\_\_\_

\_\_\_\_\_

FOR ALL LICENSE APPLICANTS, a description of the plan that specifies methods to be used to prevent growth of harmful mold and for compliance with limitations on discharge into the wastewater system of the city as set forth in Chapter 11-3, "Industrial and Prohibited Discharges," B.R.C. 19 1 B.R.C. 19 1.



for **Extraction/Production (MIP) Facilities** including but not limited to:

\* [ ] Does your MIP business location have plants at the premise?  
\_\_\_\_\_

\* [ ] What is your premise square footage? \_\_\_\_\_

\* [ ] Does your MIP location have one-hour fire rate walls up to the ceiling to separate the proposed MIP licensed premise and licensed premise with separate entrance and exit doors?: \_\_\_\_\_

\* [ ] Does your supply come from a Boulder, and if not, what location is the product coming from?: \_\_\_\_\_

\* [ ] [ For license applications where ingestible item production will occur, the Operating Plan must describe how the applicant will meet the health and safety standards for a retail food establishment standards in 25-4-1601 et seq. C.R.S.

\_\_\_\_\_  
—  
\_\_\_\_\_

\* [ ] Has your business yet hired industrial hygienist to produce verification report? \_\_\_\_\_  
If not, this report will be required to confirm adequate protection of persons and property.

Please provide approximate date that industrial hygienist will be hired: \_\_\_\_\_

\* [ ] Describe the products and services to be provided by business, including anthe cannabis indication of whether or not the business proposes to engage in the production of retail sale of food or other products for human ingestion, and whether any products or services will be provided at a location different than the address on the license application:

\_\_\_\_\_

\* [ ] Describe product(s) to be manufactured at this location:

\_\_\_\_\_

• [ ] Describe means used for extraction, heating, washing or otherwise changing hemp plants for each product and verify compliance with ventilation, safety measures for each process: \_\_\_\_\_

[ ] for **Cultivation facilities**, including but not limited to:

\_\_\_\_\_ Total square footage of location (please note that licensed locations cannot exceed 15,000 sq. feet).

Maximum number of plants at this location: \_\_\_\_\_

Maximum number of lights at this location: \_\_\_\_\_

Wattage for lights used: \_\_\_\_\_

Are customers allowed at this location?: \_\_\_\_\_

Describe plan for ventilation of the business that indicates the ventilation systems that will be used to prevent any odor of hemp off the business premises:

\_\_\_\_\_

Describe plan to organize facility in organized rows and aisles (please elaborate on general premise diagram with 3 foot aisles and plant rows): \_\_\_\_\_

\_\_\_\_\_

## General Floor Plan Check Sheet

Please attach a dimensioned floor plan diagram *[with color highlighter used to differentiate between licensed and non-licensed area, and differentiating employee only and public area]* with all levels and floors displayed and clearly labeled. This must be on either 8 ½" x 11" or 11" x 17" paper and diagrams must depict the following:

- Square Footage of proposed licensed premise
  
- The principal uses of the floor area labeled on the floor plan, including, but not limited to, the areas where general public/ employees only will be permitted, business office location for books and records, storage areas, stairs, cultivation area with space between rows marked, and areas where or manufacturer infused products will be processed or distributed.
  
- Location of posting of licenses and registration certificates and MSDS sheets Location at MSDS sheets are stored and licenses/certificates are posted
- Storage areas for toxic, flammable, or other materials and chemicals, if any
  
- All interior walls and doors listed and marked as to if they are locked
  
- Ventilation capabilities and room locations
  
- Production areas if any, which shall not be open to any persons other than those employed by the business, if applicable
  
- Front and back premise exterior lighting of licensed premises
  
- All Exterior Entrances and Exits noted as to if they are locked  
and whether facility is locked
  
- All Exterior Windows and means that view to interior will be obscured from exterior and manner used so that interior of facility is view obscured





## City of Boulder Public Works

Dear Industry Representative,

The City of Boulder maintains an Industrial Pretreatment Program, as required by the U.S. Environmental Protection Agency (EPA). The Pretreatment Program's objective is to protect the wastewater collection system, wastewater treatment plant, and system workers by monitoring the waste streams entering the sanitary sewer. City staff routinely gather information on businesses in order to characterize the waste streams that might adversely affect wastewater operations (Boulder Revised Code 11-3-14).

Please complete and return the attached questionnaire within 10 business days of receipt of this letter. City staff will review the questionnaire to identify and characterize process wastewater discharges from your facility. After reviewing the completed questionnaire, a follow-up site inspection may be required.

If you have questions on the information requested, please contact me at [ericksonc@bouldercolorado.gov](mailto:ericksonc@bouldercolorado.gov) or 303-413-7360.

Sincerely,

A handwritten signature in cursive script, appearing to read "Caroline Erickson".

Caroline Erickson

Water Quality Inspector



# City of Boulder Public Works

## Industrial/Commercial Business Questionnaire

Please complete and return the questionnaire (email or USPS) within 10 days of receipt of the attached letter.

Email: [cobpretreatment@bouldercolorado.gov](mailto:cobpretreatment@bouldercolorado.gov) US Postal Service: City of Boulder

Industrial Pretreatment Program  
4049 75<sup>th</sup> St.  
Boulder CO 80301

### A. General Information

1. Name of Business \_\_\_\_\_
2. Facility Address \_\_\_\_\_
3. City, State, Zip \_\_\_\_\_
4. Contact \_\_\_\_\_ Title \_\_\_\_\_
5. Phone \_\_\_\_\_ Email \_\_\_\_\_

### B. Product/Service Information

1. Give a brief description of the operations at this facility including primary products and services. \_\_\_\_\_  
\_\_\_\_\_

2. Circle all activities that occur at your facility.

Assembly	Biotechnology	Brewery/Distillery
Chemical Manufacturing	Cooling Towers	Electroplating
Engraving/Coating	Flammables/Explosives	Food Processing
Food Preparation/Food Serving	Laboratory	Laundry/Dry Cleaning
Marijuana Dispensary	Marijuana/Hemp Cultivation	Marijuana/Hemp Extraction
Medical Care	Metal Finishing	Offices
Painting/Stripping/Finishing	Plant Wash Down	Plastics Molding/Forming
Precision Machining	Photo Processing	Printing
Research	Retail	Warehouse storage
Wood Preserving/Finishing	X-ray processing	Other (Specify) _____

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

**C. Waste Generation and Disposal Information**

1. List types and amounts of chemicals used in gallons per day. Indicate the method of disposal for each chemical by listing the letter that corresponds to the appropriate method listed below.

Method of Disposal:

- A. Discharge to city sewer system with no treatment.      D. On-site storage, treatment, or disposal.
- B. Discharge to city sewer system after pretreatment.      E. Shipment off-site by outside hazardous waste hauler to waste management facility.
- C. Placement with trash for collection.      F. Other (specify)

Chemical Used	Amount (gallons per day)	Method of Disposal

2. If an outside firm removes hazardous waste, state the name and address of all waste haulers and indicate the frequency of pick-up.

Name of Waste Hauler	Address	Frequency

3. EPA Hazardous Waste Identification Number (if applicable) \_\_\_\_\_

**D. Certification**

I hereby certify that the information found in this application is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

_____	_____
(Name)	(Signature)
_____	_____
(Title)	(Date)





# CITY ATTACHMENT EXAMPLES

# 1) NEED: CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2011

(Insurance card  
copy not sufficient)

20-2882

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

INSURER A: L SOUTHWEST  
INSURER B: AUTO OWNERS INS. CO.  
INSURER C:  
INSURER D:  
INSURER E:

BOULDER CO 80304

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY		04/19/11	04/19/12	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$
B		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
		OTHER:				

2> General Liability Insurance at this level >

3> For a Truck Vehicle, whether driven alone or towing a Concession Trailer, Insurance at this level >

4= and Workers Comp coverage if licensee will have employees for the business (not just owners).

\*State of Colorado Minimum Insurance Limits Required

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

5> City of Boulder are additionally insured with insurance with respect to general liability.

## CERTIFICATE HOLDER

The City of Boulder  
PO Box 791  
Boulder, Co 80301

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER. IT'S AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

*Steve Longenecker*  
Steve Longenecker

Attention: Tax and License Division

ACORD 25 (2001/08)

Certificate #

© ACORD CORPORATION 1988

6>

## Instructions for Requesting Inspections of Hemp Businesses:

1) Send **ONE** group email to the below departments so we can “Reply All” when coordinating a time to inspect. Please do not call or email us separately to schedule inspections. Include all five email addresses below on your inspection request email.

**Building:** Jon Bergelin [bergelinj@bouldercolorado.gov](mailto:bergelinj@bouldercolorado.gov)  
Kevin Bennett [bennettk@bouldercolorado.gov](mailto:bennettk@bouldercolorado.gov)

**Fire:** Mike Rangel [rangelm@bouldercolorado.gov](mailto:rangelm@bouldercolorado.gov)

**Police:** Rebecca Bostrack [bostrackr@bouldercolorado.gov](mailto:bostrackr@bouldercolorado.gov)

**Licensing:** [licensestaff@bouldercolorado.gov](mailto:licensestaff@bouldercolorado.gov)

2) Include the following information in your inspection request email:

- a. LLC name and trade name of your business, if different
- b. city license number
- c. premise address of inspection **to include suite or unit numbers**, if applicable
- d. business phone number
- e. type of premise to be inspected (i.e., cultivation or processing)
- f. business owner name, contact number(s) and email
- g. business manager name, contact number(s) and email
- h. property manager name, contact number(s) and email
- i. emergency contact name, contact number(s) and email
- j. \* a contact phone number for the day of inspection in case we are early or late
- k. If you have a cultivation facility, attach your Odor Control Plan (OCP).
- l. Let us know if you have had a pest or mold infestation within the past ninety days so we can schedule your business as the last inspection of the day as a courtesy to other businesses.

- 3) **\* List ALL your licenses in the email as we will complete inspections of all your licenses in one day. Our inspections will be valid for one year from each license expiration date no matter how far apart the expiration dates are. We will advise City Licensing that our inspections cover all your licenses. You will still be responsible to submit the inspection report at each license renewal. City Licensing will not maintain inspection reports for you.**
  
- 4) **Request inspections within one week after receiving your notice from the City Licensing Office. \*\*\*This is very important as our schedules are busy and your license may expire if you do not request inspections within one week of receiving your notice.**
  
- 5) Please do not harvest or trim during city inspections.
  
- 6) At least two owners and/or managers must on site and available during inspections.
  
- 8) We will usually schedule group inspections on Tuesdays, Wednesdays, or Thursdays.
  
- 9) Our inspection checklists are located at: <https://bouldercolorado.gov/services/hemp-business-license>
  
- 10) Please be sure your email address is on Licensing's email distribution list to receive hemp business updates from the city. You can email [Licensingonline@bouldercolorado.gov](mailto:Licensingonline@bouldercolorado.gov) and request to be added.

# ODOR CONTROL PLAN EXAMPLE

## This example will demonstrate the level of detail expected in the OCP

(All information is fabricated and not intended to represent any existing facility)

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**Business Name and Cool Logo Go Here (if you want)**

### ODOR CONTROL PLAN (OCP) FOR CANNABIS CULTIVATION

The following Odor Control Plan (OCP) was developed to establish consistent and compliant business practices based on the requirement outlined by the Boulder Revised Code for cannabis businesses.

**NOTE:** If the owner or operator of a facility believes that certain information contained in its odor control plan is confidential, they should clearly mark all information as such. This does not guarantee that such information will be exempt from disclosure under the Colorado Open Records Act. See C.R.S.§24-72-200.r-206.

#### 1. FACILITY INFORMATION

**a. Name of facility** (list both LLC name and Trade name):

1) Good Times LLC / Tried and True

**b. Name, phone number, and email of facility owner/licensee:**

1) Joe Smith, 720-309-3461, [joesmith@gmail.com](mailto:joesmith@gmail.com)

**c. Name, phone number, and email of facility manager, and any authorized keyholders:**

1) Jane Kelly (Facility Manager): 303-445-9076; [janeKelly@gmail.com](mailto:janeKelly@gmail.com)

2) Jonah Belly: 607-351-9371; [candy4me@gmail.com](mailto:candy4me@gmail.com)

3) Tom King: 908-456-9071; [kinglyj@gmail.com](mailto:kinglyj@gmail.com)

4) Kim Little: 407-345-9087; [littlek@gmail.com](mailto:littlek@gmail.com)

**d. Facility physical address:** 1227 Quiet Lane Unit B Boulder, CO. 80302

**e. Facility mailing address:** 6100 S. 98<sup>th</sup> Ave Denver, CO. 60721

**f. Facility type:** Cultivation

**g. Facility hours of operation:** 8am-9pm Sunday – Saturday

**g. Description of facility operations:** Facility operations include growing and processing of raw CBD product. Harvest stages occur once every six weeks.

**h. Emergency contact information:**

1) Joe Smith (Owner): 720-309-3461; [joesmith@gmail.com](mailto:joesmith@gmail.com)

2) Jane Kelly (Facility Manager): 303-445-9076

**j. City business license number:** 2020-00400

## 2. FACILITY ODOR EMISSIONS INFORMATION

### a. Facility floor plan:

- 1) Carbon filter locations marked in GREEN
- 2) Odor sources marked in RED

**THIS IS VERY IMPORTANT - ATTACH FLOORPLAN HERE (at a minimum include):**

- 1) Mark cubic room size for each room.
- 2) Mark names of each room (i.e., “FLOWER ROOM/WEST” OR “DRY ROOM”)
- 3) Mark locations of carbon filters and fans
- 4) Mark carbon filters as either standing or hanging
- 5) Mark locations of scrubbing filters and exhaust filters
- 6) Mark odor sources such as flower rooms and trim rooms
- 7) Attach carbon filter manufacturer information to this OCP

**\*\*\*You may need an architect to help you draft a floorplan.**

### b. Specific odor-emitting activities:

This section should describe the odor-emitting activities or processes (e.g., harvesting) that take place at the facility, the source(s) (e.g., budding plants) of those odors, and reference the location(s) from which they are emitted (e.g., flowering room) on the floor plan.

- 1) Flower Rooms: Flowering plants emit most of the odor coming from grow facility. These plants are in “Flower Room 1/East & “Flower Room 2/West. The harvesting process for plants occur within their own flower rooms and are transferred via cart to the “Dry/Security” room.
- 2) Dry Room: In this room, fully mature and harvested flowering plants are stored and dried before being processed by the trim crew. During drying periods, this room will be the main source of odor emissions.
- 3) Trim/Storage Room: Once plants in dry room are fully dry, they will be transferred to this room (refer to facility floor plan) for processing (bucking/de-stemming) and transferred back to “Dry room” until the final trim process. Bucking, de-stemming and trimming are all processes that agitate the product and produce a significant amount of odor.
- 4) Waste/Shredding Room: Once waste has accumulated, employees will use an electric woodchipper in this room to break down left-over plant waste that will then be mixed with soil or a similar substance to render product unusable and unrecognizable per local and state regulation.

### c. Phases (timing, length, etc.) of odor-emitting activities:

This section should describe the phases of the odor-emitting activities that take place at the facility (e.g., harvesting), with what frequency they take place (e.g., every two weeks on Tuesdays), the times of day that they take place (e.g. each Wednesday from 5AM to 7AM), and how long they last (e.g., 48 hours).

- 1) Harvesting: Harvesting occurs once every 6 weeks at which point odor-emissions can be

expected to be at their peak in the flowering rooms until the end of the day at which point all harvested plants are transferred to the dry room.

- 2) Dry Room: The “Dry Room” will have increased odor emissions following the harvesting process and will decrease significantly over the course of 7-10 days and eventually be gone once the bucking process is undergone.
- 3) Trim/Storage Room: 7-10 days following the harvesting process, the plants in “Dry Room” will be de-stemmed/bucked and stored in air-tight containers. Once product is in air-tight containers, odor emissions are lessened until the final trim process. The final trim process is typically completed 10-20 days following a harvest.
- 4) Waste/Shredding Room: Waste typically accumulates a week after a harvest has been completed due to the de-bucking of dry stems from dry plants. The process of shredding will last approximately an hour on these days.

**3. ODOR MITIGATION PRACTICES** (based on industry-specific best control technologies and best management practices) For each odor-emitting source/process outlined in Section 3(b) of the Odor Control Plan, specify the administrative and engineering controls the facility implements or will implement to control odors. Descriptions of 'administrative controls' and 'engineering controls' shall include, but are not limited to, the following sections:

**a. Administrative Controls**

- 1) **Procedural activities**: The following procedures should be followed to contain odor-emission and ensure maximum efficacy of carbon filters.
  - a. Flower Rooms: Doors to flowering rooms should always remain closed.
  - b. Dry Room: Once the room has been populated with drying plants, the door is to remain shut. If any activity happens in dry room, door should be shut.
  - c. Trim/Storage Room: During any type of trimming activity, the doors leading to other areas are to remain shut to prevent odorous draft from entering common area, neighboring businesses and outdoors.
  - d. Waste/Shredding Room: Before chipping begins, close door and turn on air filter.
- 2) **Staff training procedures**: As outlined above, caution is to be taken when odor-emitting activities happen. This section will outline the responsibilities for management while ensuring engineering components are functioning properly. This plan in its entirety will serve as training for employees and outline designated responsibilities. This plan will be read in its entirety annually and be accompanied by a signed sheet to ensure employees understand and agree to delegated responsibilities. Changes in staffing will be reflected on this plan.
  - a. Flower Rooms:
    - 1) **Flower 1/East**: John Smith is solely responsible for ensuring both the door to flower remains closed as well as ensuring fans and filters are functioning as designed and maintaining said equipment. Check if fans are running and place hand on mesh grating of carbon filter to ensure air flow through filter is occurring. This check should be done at the end of every day. Replacement of carbon filters happens every 6 months. Instructions for replacing filters can be found in the manufacturer’s handbook and the facility administration should produce these handbooks upon request. After replacing a filter, maintenance will be recorded on filter-maintenance log. These logs will be produced by administration.
    - 2) **Flower 2/West**: Jane Doe is solely responsible for ensuring both the door to

flower remains closed as well as ensuring fans and filters are functioning as designed and maintaining said equipment. Check if fans are running and place hand on mesh grating of carbon filter to ensure air flow through filter is occurring. This check should be done at the end of every day. Replacement of carbon filters happens every 6 months. Instructions for replacing filters can be found in the manufacturer's handbook and the facility administration should produce these handbooks upon request. After replacing a filter, maintenance will be recorded on filter-maintenance log. These logs will be produced by administration.

b. Other Rooms:

- 3) **Veg 1/Mother's Veg:** Chris Hanson is solely responsible for ensuring both the door to flower remains closed as well as ensuring fans and filters are functioning as designed and maintaining said equipment. Check if fans are running and place hand on mesh grating of carbon filter to ensure air flow through filter is occurring. This check should be done at the end of every day. Replacement of carbon filters happens every 6 months. Instructions for replacing filters can be found in the manufacturer's handbook and the facility administration should produce these handbooks upon request. After replacing a filter, maintenance will be recorded on filter-maintenance log. These logs will be produced by administration.
  - 4) **Trim/Storage:** Leah Wright is solely responsible for ensuring both the door to flower remains closed as well as ensuring fans and filters are functioning as designed and maintaining said equipment. Check if fans are running and place hand on mesh grating of carbon filter to ensure air flow through filter is occurring. This check should be done at the end of every day. Replacement of carbon filters happens every 6 months. Instructions for replacing filters can be found in the manufacturer's handbook and the facility administration should produce these handbooks upon request. After replacing a filter, maintenance will be recorded on filter-maintenance log. These logs will be produced by administration.
  - 5) **Waste/Shredding Area:** Odor mitigation during the waste process is a collective effort of the team. All employees chipping and wasting product should ensure doors are closed and the particulate and standing carbon filter are functioning properly. Engineering controls outlined in 3) Veg/Mother's Veg are enough for odor mitigation.
  - 6) **Break Room/Mantrap:** Sam Wood is responsible for ensuring the doors to the break room and common entry/mantrap remain closed.
- 3) **Recordkeeping systems and forms:** To ensure and provide proof that the odor control plan is being properly adhered to, a series of control documents will be used in conjunction with this plan. The documents will be made available by administration upon request.
- a. Records of Purchase of Replacement Carbon: When purchasing replacements for filters, new can fans or carbon filter tanks, provide proof of purchase to administration. Acceptable forms of documentation are; receipts, invoices, delivery receipts, etc.
  - b. Performed Maintenance Log: The performed maintenance log will be kept by administration and will be made available upon request. This log will track all maintenance done to carbon filtration systems. "Maintenance" includes filter changes, can-fan replacements, ducting replacements and carbon filter tank replacements.
  - c. Documentation of Malfunctions: Malfunction sheets will be made available by administration. If a malfunction is recognized during daily inspection of carbon filtration, the employee will document the malfunction on the malfunction log. Document malfunctions on malfunction log and maintenance performed to resolve



malfunction on maintenance log.

- d. Performed Training Session Log: Sign sheet to ensure that employees understand and agree to their delegated responsibilities.
- e. Routine Maintenance Signs: These signs are to be placed on each carbon filtration system to serve as a reminder for when 6-month filter replacement is due. These signs will contain an emboldened date marking the date filter needs to be replaced as well as a number that serves as a reference for which filter in the room it is.

## **b. Engineering Controls**

1) The best control technology for cannabis cultivation facilities is carbon filtration. Tried and True's engineering controls are consistent with accepted and available industry specific best control technologies designed to effectively mitigate odors for all odor sources.

### **2) Components of engineering controls:**

This section shall include, but is not limited to, technical system design, a description of technical process(es), and an equipment maintenance plan.

**\*\*\*You may need a mechanical engineer to complete accurate calculations for you.**

- a. System design: To sufficiently prove engineering odor control effectiveness, this section will be broken down by the sources of odor and the plan to contain said odor. This will include manufacturer CFM ratings for filtration systems, number of carbon filters per cubic feet and run times for each system per the maintenance plane previously outlined. Manufacturer's information is located after this section.

#### **1) Flower Rooms:**

1. Flower 1/East (27,223.58 cubic ft): This flower room is equipped with the following equipment to mitigate odors from both flowering and harvesting activities that happen in this room. Ducting is run directly outside via openings in roof. Given that the fans are a lower CFM, the following calculations will be based on their CFM rating. 1 carbon filter per 13,611.79 cubic ft. Filters run 24/7. All air in room is exchanged after  $(27,223.58 \text{ cubic ft} / 2120 \text{ CFM} =) 12.84$  minutes.

a) DuraBreeze Lite Carbon Filter 12"x 40", 1700 CFM x 2

b) DuraBreeze Inline Fan 12" 1060 CFM x 2

2. Flower 2/West (30,613.58 cubic ft): This flower room is equipped with the following equipment to mitigate odors from both flowering and harvesting activities that happen in this room. Ducting is run directly outside via openings in roof. Given that the fans are a lower CFM, the following calculations will be based on their CFM rating. 1 carbon filter per 15,306.79 cubic ft. Filters run 24/7. All air in room is exchanged after  $(30,613.58 \text{ cubic ft} / 2,727 \text{ CFM} =) 11.23$  minutes.

a) DuraBreeze Lite Carbon Filter 12"x 40", 1700 CFM x 1

b) Max-Fan Inline Fan 12" 1708 CFM x 1

c) DuraBreeze Lite Carbon Filter 10"x 40", 1400 CFM x 1

d) Max-Fan Inline Fan 10" 1019 CFM x 1

## 2) **Vegetative Rooms:**

1. Veg 1 (13,995.3 cubic ft): This room is equipped with the following equipment to mitigate odors that may draft into room from other odor emitting activities. Ducting is run directly outside via openings in roof. Given that the fans are a lower CFM, the following calculations will be based on their CFM rating. 1 carbon filter per 13,993.5 cubic ft. Filters run 24/7. All air in room is exchanged after  $(13,993.5 \text{ cubic ft} / 780 \text{ CFM} =) 17.94$  minutes.

a) DuraBreeze Lite Carbon Filter 10"x 40", 1400 CFM x 1

b) DuraBreeze Inline Fan 10" 780 CFM x 1

2. Mother's Veg (18,553.5 cubic ft): This room is equipped with the following equipment to mitigate odors that may draft into room from other odor emitting activities. Ducting is run directly outside via openings in roof. Given that the fans are a lower CFM, the following calculations will be based on their CFM rating. 1 carbon filter per 9,276.75 cubic ft. Filters run 24/7. All air in room is exchanged after  $(18,553.5 \text{ cubic ft} / 1,799 \text{ CFM} =) 10.31$  minutes.

a) DuraBreeze Lite Carbon Filter 10"x 40", 1400 CFM x 1

b) DuraBreeze Inline Fan 10" 780 CFM x 1

c) DuraBreeze Lite Carbon Filter 10"x 40", 1400 CFM x 1

d) Max-Fan Inline Fan 10" 1,019 CFM x 1

3) **Trim/Storage Room** (4,474.5 cubic ft): This room is equipped with the following equipment to mitigate odors that are emitted during trimming activities. Ducting is run directly outside via openings on roof. Given that fans are a lower CFM, the following calculations will be based on their CFM rating. 1 carbon filter per 4,474.5 cubic ft. Filters run 24/7. All air in room is exchanged after  $(4,474.5 \text{ cubic ft} / 1,019 \text{ CFM} =) 4.39$  minutes.

a) DuraBreeze Lite Carbon Filter 10" x 40", 1400 CFM x 1

b) Max-Fan Inline Fan 10" 1,019 CFM x 1

4) **Dry Room** (7,618 cubic ft): This room is equipped with the following equipment to mitigate odors that are emitted during the drying of flowering plants and harvesting activities. Ducting is run directly outside via openings on roof. Given that the fans are a lower CFM, the

following calculations will be based on their CFM rating. 1 carbon filter per 7,618 cubic ft. Filters run 24/7. All air in room is exchanged after (7,618 cubic ft / 1060 CFM =) 7.19 minutes.

a) DuraBreeze Lite Carbon Filter 12” x 40”, 1700 CFM x 1

b) DuraBreeze Inline Fan 12” 1060 CFM x 1

- b. Operational processes: A description of operational processes and associated delegated responsibilities can be found in section 3(a)(2). Please refer to this section for further information.
- c. Maintenance plan: Routine maintenance and replacement of carbon filters is to be completed once every 6 months. In between these periods, routine checks for any malfunctions will be done daily. Any maintenance done in between the 6-month replacement timeframe will be done only if malfunctions in filtration system occur.