

Office Use: Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_ License No: \_\_\_\_\_



**City of Aztec  
Cannabis Business License Application**

**Business Information**

Applicant Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Legal Name: \_\_\_\_\_

Trade Name (dba): \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Hours of Operations \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Website: \_\_\_\_\_

New Mexico Business Tax Identification Number (BTIN) \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

**Type of Cannabis License you are apply for:**

Cannabis Consumption Area	N/A	Cannabis Producer Microbusiness	\$250
Cannabis Courier	\$35	Cannabis Research Laboratory	\$35
Cannabis Integrated Microbusiness	\$250	Cannabis Retailer	\$250
Cannabis Manufacture	\$250	Cannabis Testing Laboratory	\$35
Cannabis Producer	\$250	Cannabis Vertically Integrated Microbusiness	\$250

**Classification of Business Sector (check one)**

Agriculture	Trans., Comm., Utility	Service - General
Mining	Wholesale	Service - Food
Construction	Retail	Government
Manufacturing	Finance, Insurance	Real Estate

**Business Type applying as (check one):**

Corporation	Limited Liability Corporation
Partnership	Limited Liability Partnership
Individual/Sole Proprietor	Other: (list)

If applicant is a Corporation, Partnership, Limited Liability Corporation, or Limited Liability Partnership applicant must list all officers, directors, agents, partners, and controlling persons.

Name	Home Address, City, State, Zip Code	Date of Birth	Contact #	Title

**Right to Property**

By what means does the applicant have legal possession of the premises from the date of this application?

Deed

Lease

Other: (explain in detail)

If premises is leased, the tenant name on the lease must match the name of the applicant on this application. List the name of the Landlord and Tenant below.

Landlord Name	Tenant Name

If premises is leased, a Landlord Consent Form must be included with this application. It must be completed by the owner of the property and notarized. The consent must be specifically for the business address listed on this application.

Check box to indicate form is attached.

**Fire and Building Inspection**

The premises must be inspected by San Juan County Building and Fire Department and the attached building and fire inspection form must be completed and signed by both the applicant and Fire Marshal.

Check box to indicate form is attached

**Zoning, Land Use and Sign Regulations**

Has the applicant met with the City of Aztec Community Development Department representative related to zoning, land use and sign regulations of the property listed on this application?

Yes No

Is the business in compliance with the zone district?

Yes No

What is the zone district for this business?

\_\_\_\_\_

Will there be any structural changes to the existing building, Such as additions or modifications?

Yes No

If yes, explain: \_\_\_\_\_

Every location in Aztec is required to have a trash receptacle. Will this business need a 96 gallon cart or a larger dumpster?

\_\_\_\_\_

How will trash and waste be removed from premises?

Explain: \_\_\_\_\_

Have all permits and plans been obtained, reviewed and Approved by the Community Development Department?

Yes No

Is the premises listed on this application within 300 feet of any school or child care facility?

Yes No

**Provisional Letter from Cannabis Control Division**

A provisional letter from the Cannabis Control Division must be included with this application showing the type of cannabis business you are applying for and the current status of your application. Is the provisional letter included with this application?

Yes No

**Checklist of Documents that must be included with this application**

1. Completed and Signed Application;
2. Proof of age (at least twenty-one years of age) and photo identification for identity purposes;
3. Provisional License Letter from the Cannabis Control Division;
4. Fully executed document showing legal ownership of the physical location of business;
5. If leased, Landlord's Consent Form, completed and signed by property owner, must be notarized;
6. A copy of City of Aztec Zoning Approval Letter;
7. A copy of the approved City of Aztec/San Juan County Fire Inspection Report;
8. A complete, detailed, legible and accurate diagram of the premises;
9. A Security and Limited Access Area Plan, must include lighting for perimeter entry points;
10. A fencing plan for outdoor areas or greenhouses;
11. A vicinity map – indicating whether any school or daycare center is within 300 feet of premises;
12. Cannabis Waste Plan- disposal of any cannabis product, sewage and solid waste, must include description of all toxic, flammable or other materials that will be used, kept or created at the establishment, and the location where such materials will be stored;
13. Ventilation Plan – ventilation that will be used to prevent odor from extending beyond premises;
14. Water Consumption Analysis Report, and certification letter from City of Aztec Water Department that quantity of water needed for business is available;
15. Electric Load Calculation Report and certification letter from City of Aztec or Farmington Electric Utility System that sufficient electric supply exists.

**Signature and Acknowledgement**

Under penalty and perjury, I declare that the information on this application, along with required documents submitted with this application is complete, true and accurate. I understand and will follow all rules related to a cannabis business set forth by the State of New Mexico and the City of Aztec. I understand that a misrepresentation of fact or violation of these rules may result in denial of the license application or revocation of a license issued. I understand that it is my continuing obligation to update any information on this application including all documents and plans submitted with this application.

<b>Printed Name of Applicant</b>	<b>Applicant's Date of Birth</b>
<b>Signature of Applicant</b>	<b>Date Application Submitted</b>



# Cannabis Business License Application - Landlord's Consent

Applicant business name: \_\_\_\_\_

Trade name (D/B/A): \_\_\_\_\_

Street address of proposed \_\_\_\_\_

licensed premises: City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Legal description: \_\_\_\_\_

- Check here if additional information is provided on a separate sheet.

### **Landlord's Consent to Submission of Application**

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (check all that apply):

- Cannabis Retail Store
- Cannabis Testing or Research Facility
- Cannabis production, cultivation or manufacturing business

\_\_\_\_\_  
Property owner signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )  
  )ss.

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

WITNESS my hand and official seal.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public



San Juan County  
 Fire Department  
 209 South Oliver Drive  
 Aztec, New Mexico 87410  
 Phone: 505-334-4313  
 Fax: 505-334-3755  
[businessreg@sjcounty.net](mailto:businessreg@sjcounty.net)



**Building and Fire Inspection for City of Aztec Business License Application**

**Owner/Business Information**

Business Name	Owner's Name
Type of Business	Physical Address of Business, City State, Zip Code
Mailing Address of Business, City, State, Zip Code	Business Phone Number(s)
Emergency or Cellular contact number(s)	E-mail Address
What are the hours of operation?	Is the public invited to your place of business? <div style="text-align: center;">Yes      No</div>
Are hazardous materials stored or used in your business? If yes, please attach an inventory/disclosure form.	Yes      No
Combined Reporting System (C.R.S) New Mexico Tax Identification Number:	

**SIGNATURE**

**Option 1: Print application – sign then mail or hand deliver to above address; or scan and e-mail**

It shall be unlawful for any applicant to knowingly provide any false, misleading or materially inaccurate information on this application. I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge, true, correct and complete.

<b>Applicant's Printed Name</b>	<b>Signature</b>	<b>Date</b>

**Option 2: File Electronically**

By clicking the box labeled "I Agree" and submitting this form electronically, I agree that the statements made herein are to the best of my knowledge, true, correct and complete, under penalty of perjury.  
 I Agree

**For County Use Only**

<b>Fire Marshal's Signature</b>	<b>Approved</b>	<b>Denied</b>	<b>N/A</b>	<b>Date</b>
	<b>Fire Inspection</b>	<b>Yes</b>	<b>No</b>	
<b>Comments:</b>				



# CITY OF AZTEC

## COMMERCIAL ELECTRICAL LOAD CALCULATION

**Applicant Name:** \_\_\_\_\_

**Address of Development Site:** \_\_\_\_\_

**Electrical Contractor:** (If applicable) \_\_\_\_\_

**Contractor License #:** (If applicable) \_\_\_\_\_

**Total Square Footage of Building:** \_\_\_\_\_

**Service Size:** \_\_\_\_\_ Amps

**Voltage Requested:** \_\_\_\_\_ 3 Phase \_\_\_\_\_ 1 Phase

**Conductor Size:** \_\_\_\_\_

**Parallel Conductor:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Number of Parallel Runs:** \_\_\_\_\_

**Lighting Load:** \_\_\_\_\_ Amps

**Receptacles Load:** \_\_\_\_\_ Amps

**Refrigerated A/C Load:** \_\_\_\_\_ Amps

    # Of Units: \_\_\_\_\_

    Tons Per Unit: \_\_\_\_\_

**Evaporative Cooler Load:** \_\_\_\_\_ Amps

    # Of Units: \_\_\_\_\_

    Motor Size Per Unit: \_\_\_\_\_

**Electric Hot Water Heater Load:** \_\_\_\_\_ Amps

**Electric Heat Load:** \_\_\_\_\_ Amps

**Elevators Load:** \_\_\_\_\_ Amps

**Electric Dryer Load:** \_\_\_\_\_ Amps

**Motors:**  
(List all motors, indicate 10 or 30 by HP, voltages, starting and current)

\_\_\_\_\_

**Miscellaneous Loads:** \_\_\_\_\_ Amps

**Total Load (In Amps):** \_\_\_\_\_ Amps

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant's Contact #** \_\_\_\_\_



# City of Aztec

## Water Assessment for Commercial Cannabis Facilities

This form will be used to evaluate and calculate potential water consumption for the facility specific to greenhouses. A rule of thumb is to have available 0.3 to 0.4 gallons/square foot of growing area per day as a peak use rate for the warmest day. *For example a 30ft x 100ft greenhouse with 2400 square feet of benches would require a peak use rate of 720 to 960 gallons per day.* This corresponds with the evapotranspiration rate for most areas of the country.

Applicant Name: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Description	Total Square Foot of Growing Area	Daily Estimated Use X 0.4 gallons/sq. foot of growing area (Sq. Ft x 0.4)	Estimated Annual Water Usage (daily x 352 days)	Estimated Monthly Water Usage (annual use/12)
Example:	2400 sq. ft.	960 gallons/day	337,920 gallons per year	28,160 gallons per month
Total square feet of growing area				
If actual data for business is available, please provide				

Other Water Uses on Premises (please list): \_\_\_\_\_

\_\_\_\_\_

Methods used to extend water supply: \_\_\_\_\_

\_\_\_\_\_

Type of Watering/Irrigation Method used: \_\_\_\_\_

\_\_\_\_\_

Meter Service Size: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Contact Number for Questions