

Reviewer Name \_\_\_\_\_

Review Date \_\_\_\_\_

Business Name \_\_\_\_\_

## OPERATING PLAN REVIEWER RESOURCE

Please score the Operating Plan on a scale of 1-5, with 5 being the highest, in response to each of the below questions. For your reference, the Colorado Marijuana Rules can be found here:

<https://www.sos.state.co.us/CCR/DisplayRule.do?action-ruleinfo&ruleId=3314>

\_\_\_\_\_ 1. **Briefly describe your company, including the products you intend to sell, projected staffing, projected inventory, and projected sales.**

Additional Comments:

\_\_\_\_\_ 2. **Do you own, operate, or have an interest in any other marijuana related business(es)? If so, please indicate the names, locations, and the type of marijuana business.**

Additional Comments:

\_\_\_\_\_ 3. **Describe your management experience and qualifications as it relates to the marijuana business.**

Additional Comments:

\_\_\_\_\_ 4. **List vendors and locations from where and who you will receive your supply of marijuana and marijuana products? (6-105)**

Additional Comments:

\_\_\_\_\_ 5. **Describe how you will receive your supply of marijuana and marijuana products, including how such deliveries will be in compliance with state law related to the transport of marijuana and marijuana products. (3-805)**

Additional Comments:

\_\_\_\_\_ 6. **Describe your knowledge of the Inventory Tracking System. (3-805)**

Additional Comments:

\_\_\_\_\_ 7. **Describe the point-of-sale system you intend to use. (6-115)**

Additional Comments:

\_\_\_\_\_ 8. **Describe your plan and procedures for locked disposal of marijuana and marijuana-infused product and the method you intend to use to ensure that the waste is rendered unusable and unrecognizable. (3-230)**

Additional Comments:

\_\_\_\_\_ 9. **Describe your plan for view obstruction of product from outside the location. (6-110)**

Additional Comments:

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\_\_\_\_\_ 10. **Describe your plan for packaging and labeling marijuana, including Child-Resistant containers or Child-Resistant Exit-Packaging. Attach a sample label, if available. (3-1005)**

Additional Comments:

\_\_\_\_\_ 11. **Describe your plan for age verification, and identify the ID scanner to be used, if known. (6-110)**

Additional Comments:

\_\_\_\_\_ 12. **Describe your plan to ensure that no overweight amount is sold to customers. (6-210)**

Additional Comments:

\_\_\_\_\_ 13. **Describe your plan for adhering to marijuana testing requirements. (6-460;3-1005)**

Additional Comments:

\_\_\_\_\_ 14. **Are you a state-certified "Responsible Vendor?" If so, indicate date and place of certification. (3-505)**

Additional Comments:

\_\_\_\_\_ 15. **Describe your plan, including policies and procedures for training employees in conducting daily operations and in complying with all state and local laws.**

Additional Comments:

\_\_\_\_\_ 16. **Describe any consumer education you intend to do.**

Additional Comments:

\_\_\_\_\_ 17. **Describe any advertising you intend to do. (3-700)**

Additional Comments:

\_\_\_\_\_ 18. **Describe any security measures you intend to employ, above and beyond state and local requirements, e.g., employing a security officer, etc. (3-220)**

Additional Comments:

\_\_\_\_\_ 19. **Describe your odor management system, e.g., air filtration system, air scrubbing system, etc. which will prohibit the odor of marijuana from being perceptible to a reasonable person at the exterior of the building.**

Additional Comments:

\_\_\_\_\_ 20. **This Section allows the scorer to award up to 5 bonus points for exceptional operating plans.**

Additional Comments:

**Total Score for All Questions (maximum of 100 points)**

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