

**DEPARTMENT OF EXCISE AND LICENSES
DENVER, COLORADO**

ORDER OF DENIAL

IN THE MATTER OF THE APPLICATION OF UTOPIA ALL NATURAL WELLNESS SPA & LOUNGE, LLC FOR A CANNABIS CONSUMPTION PERMIT AT 1244 GRANT STREET, DENVER, COLORADO (BUSINESS FILE # 2018-0000754)

On February 7, 2018, UTOPIA ALL NATURAL WELLNESS SPA & LOUNGE, LLC (the "Applicant") applied to the Denver Department of Excise and Licenses (the "Department") for a new cannabis consumption permit at 1244 Grant Street, Denver, Colorado.

The Denver Revised Municipal Code (the "D.R.M.C.") § 6-316(a) grants the Director of the Department (the "Director") the authority to make reasonable rules and regulations for the purpose of administering and enforcing the laws affecting the issuance and operation of cannabis consumption permits. The Department's Rules Governing Marijuana Designated Consumption Areas (the "DCA Rules") state that no permit shall be issued within 1,000 feet of "[a]ny Child Care Establishment, with the distance computed by direct measurement in a straight line from the nearest property line of the land used for the Child Care Establishment to the nearest portion of the building in which the DCA is proposed to be located." DCA Rules, section 3.02.

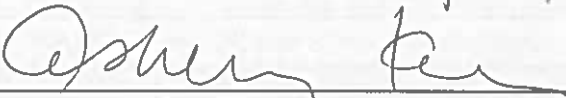
In accordance with the DCA Rules, the Department performed a measurement using the City of Denver's GIS mapping system and determined that the Applicant is located **980.93 feet** from the following Child Care Establishment:

Third Way Center, 1133 Lincoln Street, Denver, Colorado.

The Director notes that the Applicant commissioned and submitted to the Department its own measurement completed by the Bell Surveying Company, which determined that the Applicant is located 980.9 feet from the above-mentioned Child Care Establishment. The Director also notes that the Applicant submitted a letter from David F. Eisner, Executive Director of the Third Way Center, requesting that the Department "waive or otherwise exempt" the Applicant from the proximity restriction. However, neither the D.R.M.C. nor the DCA Rules provide the Director any authority to grant such a waiver or exemption, and thus, the request cannot be granted.

Therefore, pursuant to the DCA Rules, section 3.02, the application for a new cannabis consumption permit at 1244 Grant Street, Denver, Colorado submitted by UTOPIA ALL NATURAL WELLNESS SPA & LOUNGE, LLC is hereby **DENIED**. The Applicant shall have ten (10) calendar days from the mailing date of this Order to request an appeal hearing. If the Applicant does not request an appeal hearing, this Order shall constitute a final agency action by the Department.

SO ORDERED this 30th day of May, 2018.

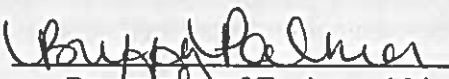


Ashley Kilroy, Executive Director
Department of Excise and Licenses

CERTIFICATE OF MAILING

The undersigned hereby states and certifies that one true copy of the foregoing Order was sent via mail and email on the 30 day of May, 2018 to the following:

Cindy Sovine, Responsible Party for the Applicant
P.O. Box 280849
Denver, CO 80228
cindy@sovineconsulting.com



Department of Excise and Licenses

REQUEST FOR APPEAL HEARING

- IMPORTANT NOTICE -

Notice: Any applicant whose application has been denied is entitled to a hearing upon request to the Director of the Department of Excise and Licenses (the "Department"), and completion of certain requirements. To be eligible for a hearing, the applicant must submit this form to EXLRecordsManagement@denvergov.org AND CAOExciseandLicense@denvergov.org within ten (10) days of the mailing date of the denial order.

- Applicant Information -

Denied Transaction: New Application Transfer of Ownership Change of Location
 Modification of Premises Change of Corporate Structure

Entity Name: _____

Trade Name (If applicable): _____

Business File No: 20 - BFN - _____

Mailing Date of Order of Denial: _____

State License No. (if applicable): _____

Buyer's Entity Name (if applicable): _____

Buyer's Trade Name (if applicable): _____

Current Facility Address (if applicable): _____

Proposed Facility Address (if applicable): _____

Responsible Party: _____

Title

First

Last

Mailing Address

Email Address

Phone

- Facility Details -

I wish to appeal the denial of the following license application(s):

- | | |
|---|---|
| <input type="checkbox"/> Medical/Retail Marijuana Store or Center | <input type="checkbox"/> Liquor License |
| <input type="checkbox"/> Medical/Retail Marijuana Cultivation Facility | <input type="checkbox"/> Merchant Guard License |
| <input type="checkbox"/> Medical/Retail Marijuana-Infused Products Manuf. | <input type="checkbox"/> Other Individual License |
| <input type="checkbox"/> Medical/Retail Marijuana Testing Facility | <input type="checkbox"/> Other Business License |

- Applicant's Declaration and Signature -

I hereby request a hearing to appeal the Order of Denial issued by the Denver Department of Excise and Licenses for the application identified above. I understand that to be eligible for a hearing on the denial of my application I must (1) complete the above information, (2) submit an executed copy of this form to EXLRecordsManagement@denvergov.org AND CAOExciseandLicense@denvergov.org, and (3) complete both requirements within ten (10) days of the mailing date of the denial order issued by the Department. I understand that the Department will recognize faxed signatures or signatures sent by pdf, and that such executed copy of this request is authorized to create an effective original hereof and shall have the full force and effect of an original executed instrument.

I hereby further certify that I am an authorized representative of the Applicant, that I have read the above information, and that all information that I have provided, as well as any attachments hereto are true, accurate, and complete to the best of my knowledge.

SIGN HERE: _____ Date: _____

PRINT: _____ Title: _____



Department of Excise and Licenses
Director of Excise and Licenses
201 West Colfax Avenue #206
Denver, CO 80202



7016 2070 0000 4815 2269
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- Adult Signature Restricted Delivery \$ _____

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City, State, Zip+4
DENVER CO 80228

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Here

PS Form 3800, April 2015 PSN 7530 02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
CINDY SOVINE
PO BOX 280849
DENVER CO 80228

2018-BRN-0000754



2. Article Number (Transfer from service label)

7016 2070 0000 4815 2269

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
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 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
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 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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 - Certified Mail service is not available for international mail.
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 - For an additional fee, you may purchase an endorsement on the back of the card for the following services:
 - Return receipt service
 - Signature Confirmation
 You can request an electronic version. For more information, complete PS Form 3800, April 2015.

PS Form 3800, April 2015