



Marijuana Mobile Hospitality Route Log Form

Updated July 24, 2023

Route Log Requirements

Mobile marijuana hospitality business are required to file a route log with the Department of Excise and Licenses identifying the origin and destination of all routes, and all stops in between the origin and the destination, at least seven (7) calendar days prior to the scheduled departure. A marijuana hospitality business shall not change or deviate from the route log without notifying the Department at least seven (7) calendar days prior to scheduled departure. Identified origins, destinations, and stops may not include schools, child care establishments, alcohol or drug treatment facilities, or city-owned recreation centers and pools. A mobile marijuana hospitality business shall make the route log available to any city inspector or police officer upon request.

Using this Route Log

Licensees must use this form to submit route logs to the Department at least seven (7) calendar days prior to the scheduled departure. If the planned route changes, licensees must use this form to provide an updated route log to the Department at least seven (7) calendar days prior to the scheduled departure. This form may be used to submit one route log for multiple licensed mobile hospitality vehicles if all listed licensed vehicles are associated with the same Licensed Establishment AND all listed licensed vehicles travel an identical route.

Required Fees

No fee is required to submit route logs.

License Information

Please provide the license information for each mobile marijuana hospitality vehicle for which you are submitting a route log.

Business File Number	State License Number	City License Expiration Date

Licensee Information

Entity Name			
Trade Name (DBA)			
Current Physical Address of the Licensee's Separate Place of Business			
Street	City	State	Zip Code
Current Mailing Address (If Different from the Current Physical Address)			
Street	City	State	Zip Code

Route Information

Please list the point of origin, all stops, and destination for the planned route. If additional space is required, please attach an additional page. **For all stops, please include the address and name of the business at the location (if applicable).**

Location	Location Information	Applicant must Complete this Section
Initial Date of Departure		Is this a recurring route ? Yes No
Point of Origin		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #1		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #2		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #3		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #4		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #5		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #6		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #7		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #8		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #9		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Stop #10		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No
Destination		Is this location a School, Childcare, City Pool, City Rec Center, Drug or alcohol treatment facility Yes No

Statements of Understanding

Initial the statements of understanding below.

_____ I understand that I may not deviate from the planned route without providing an updated route log to the Department at least seven (7) calendar days in advance of the scheduled departure.

_____ I understand that I am required to make this route log available to any city inspector or police officer upon request.

_____ I understand that the origin, destination, and stops on the route may not include schools, childcare establishments, alcohol or drug treatment facilities, or city-owned recreation centers or outdoor pools.

_____ I understand that I shall not permit the consumption of marijuana on the mobile premises if the mobile premises is stopped, standing, or parked for more than thirty (30) minutes.

_____ I understand that marijuana consumption is prohibited in Denver parks. I understand that if my mobile hospitality vehicle enters park property, consumption activities on the vehicle must cease while the vehicle is on park property.

Oath of Application

I declare under penalty of perjury in the second degree that this route log 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 Denver Revised Municipal Code and all Rules and Regulations which govern my Marijuana Establishment License Application.

Print Name

Date

Signature