



**MEMORANDUM**

TO: Board of County Commissioners

FROM: Nanette Reimer  
Office of the County Attorney

DATE: May 1 , 2023

RE: MARIJUANA BUSINESS LICENSE APPLICATIONS  
CHANGE OF CONTROLLING BENEFICIAL OWNER

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**Licensee:** SOFA KING MEDICINAL WELLNESS PRODUCTS, LLC

**Licensed Premises:** 1181 County Road 308, Downieville, CO  
1077 County Road 308, Downieville, CO

**Current Licenses:**

Retail Marijuana Store  
State License No. 402R-00777  
County License Expires: 09/12/23

Retail Marijuana Products Mfg.  
State License No. 404R-00094  
County License Expires: 10/15/23

Retail Marijuana Cultivation  
State License No. 403R-00385  
County License Expires 10/15/23

Medical Marijuana Infused Prod. Mfg.  
State License No. 404-00492  
County License Expires: 10/19/23

We will be bringing an application for the change of controlling beneficial owner (CBO) for all 4 licenses held by Sofa King before the Chairman of the Board of County Commissioners for his approval on Tuesday, May 16, 2023. Pursuant to the provisions of Resolution 2021-51, this is an administrative action which does not require a public hearing or formal action by the entire Board.

**CHANGE OF OWNERSHIP**

Sofa King Medicinal Wellness Products, LLC, is restructuring and removing and adding members to its business, as noted in the application. Pursuant to the provisions of Section 8.01.2 of the Clear Creek County Marijuana Licensing Regulations, a licensee shall report in writing, using the forms provided by the State Licensing Authority, each transfer or change of financial interest in its licenses to the State and Local Licensing Authority and receive approval prior to any transfer or change.

The applicant has complied with the provisions of Section 8.01.2 of the Clear Creek County Marijuana Licensing Regulations and the requirements of the state Marijuana Enforcement Regulations by filing a Change of Controlling Beneficial Owner application with the local licensing authority. The State Marijuana Enforcement Division has already conditionally approved the change of ownership for these licenses.

We recommend approval of these CBO applications. The Licensee is fully compliant with our regulations.

cc: Sofa King Medicinal Wellness Products, LLC

Colorado Marijuana Licensing Authority  
**Marijuana Business License Application**  
**Change of Controlling Beneficial Owner (CBO)**

| <b>License Types</b>   |  |   |              |   |                 |
|--|--|---|--------------|---|-----------------|
| <input checked="" type="checkbox"/> Retail Marijuana Store   | <input type="checkbox"/> Hospitality Business                      | <input type="checkbox"/> Retail Marijuana Business Transporter  |              |   |                 |
| <input checked="" type="checkbox"/> Retail Marijuana Cultivation   | <input type="checkbox"/> Mobile Hospitality Business               |   |              |   |                 |
| <input type="checkbox"/> Retail Marijuana Testing Facility   | <input type="checkbox"/> Hospitality & Sales Business              |   |              |   |                 |
| <input checked="" type="checkbox"/> Retail Marijuana Products Manufacturer   | <input type="checkbox"/> Retail Marijuana Business Operator        |   |              |   |                 |
| <hr/>  |  |   |              |   |                 |
| <input type="checkbox"/> Medical Marijuana Store   | <input type="checkbox"/> Marijuana Research & Development Facility | <input type="checkbox"/> Medical Marijuana Business Transporter |              |   |                 |
| <input checked="" type="checkbox"/> Medical Marijuana Products Manufacturer  | <input type="checkbox"/> Medical Marijuana Cultivation Facility    |   |              |   |                 |
| <input type="checkbox"/> Medical Marijuana Testing Facility  | <input type="checkbox"/> Medical Marijuana Business Operator       |   |              |   |                 |
| <b>Seller's Information</b>  |  |   |              |   |                 |
| Seller's Legal Business Name (Please Print)<br>Pure Harvest Corporate Group, Inc                                       |  |   |              | Marijuana License Number<br>404R-00094;404-00492;403R-00385;402 |                 |
| Registered Trade Name (DBA)<br>SKM   |  |   |              |   |                 |
| Federal Taxpayer ID<br>47-1135655  | Colorado Sales Tax License #<br>27847215-0000                      | Name of Registered Agent<br>Neale Gibbons                       |              |   |                 |
| <b>Physical Address</b>  |  |   |              |   |                 |
| Street Address of Marijuana Business<br>1077 & 1181 CR 308   |  |   |              | Business Phone Number<br>720-476-5987                           |                 |
| City<br>Dumont   | County<br>Clear Creek  | State<br>CO   | ZIP<br>80436 | Email Address<br>neale.skm@gmail.com                            |                 |
| <b>Mailing Address (if different from Physical Address)</b>  |  |   |              |   |                 |
| Address<br>PO Box 411  |  | City<br>Dumont  |              | State/Prov<br>CO  | ZIP<br>80436    |
| <b>Main Business Contact Person Information</b>  |  |   |              |   |                 |
| Primary Contact Person for Business<br>Neale Gibbons   |  |   |              | Primary Contact Phone Number<br>801-680-3806                    |                 |
| Primary Contact Email<br>neale.skm@gmail.com   |  |   |              |   |                 |
| Jurisdiction of Incorporation or Creation of Business Entity<br>Colorado   |  |   |              |   | Date<br>01/2018 |
| If a Corporation, List all Jurisdictions Where the Corporation is Authorized to Conduct Business<br>OTCQB, ticker PHCG |  |   |              |   |                 |

| <b>Buyer (or additional CBO) Questions</b>  |  |
|---|--|
| 1. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) under the age of twenty-one years?  | Yes No<br><input type="checkbox"/> <input checked="" type="checkbox"/> |
| 2. Do you have or will you have possession of a licensed premises?  | <input checked="" type="checkbox"/> <input type="checkbox"/>           |
| 3. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.   | <input type="checkbox"/> <input checked="" type="checkbox"/>           |
| 4. Has a judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign or security law or regulation, ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any applicable documents.  | <input type="checkbox"/> <input checked="" type="checkbox"/>           |
| 5. Has the applicant (including any parent companies), been indicted, served with a criminal summons, charged with or convicted of ANY crime or offense in any manner in the last 3 years? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty.<br>If YES, explain in detail on a separate sheet and attach it to your application. Provide official documentation from the court showing the final disposition for any felony charge or those related to a controlled substance. (Sealed or expunged non-convictions need not be disclosed.) | <input type="checkbox"/> <input checked="" type="checkbox"/>           |
| 6. Are you a Person (Entity) applying for a license at a location that is currently licensed as a retail food establishment?<br>If YES, explain on a separate sheet.  | <input type="checkbox"/> <input checked="" type="checkbox"/>           |
| 7. Has the buyer(s) or additional CBO(s) filed all Finding of Suitability applications required by the Division?  | <input checked="" type="checkbox"/> <input type="checkbox"/>           |

| <b>Local Licensing Authority (To be completed by current license holder)</b>           |  |  |
|--|--|--|
| Local Licensing Authority<br>Clear Creek County  | Local Licensing Authority contact name<br>Nanette Reimer |  |
| Contact Phone<br>303-679-2314  | Contact Email<br>nreimer@clearcreekcounty.us             |  |
| Date of Application with Local Authority, if required<br>Pending                       | Date of Approval<br>Pending                              | Date of Expiration<br>N/A  |
| Does the local licensing authority permit this type of business in their jurisdiction? |  | Yes No<br><input checked="" type="checkbox"/> <input type="checkbox"/> |

**Current Ownership Structure – Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, Managers and any other individual that Controls the RMB.**

|  |  |  |                      |                      |                  |              |                            |                              |  |
|--|--|--|----------------------|----------------------|------------------|--------------|----------------------------|------------------------------|--|
| Name<br>Pure Harvest Colorado LLC  |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number<br>OE-000106  |  |
| Address (Home)<br>PO Box 411   |  |  | City<br>Dumont       |                      | State/Prov<br>CO | ZIP<br>80436 |                            | Phone Number<br>801-680-3806 |  |
| Business Associated with (Parent business or sub-entity)<br>Sofa King Medicinal Wellness Products, LLC |  |  |                      | Own. % Entity<br>0   |                  |              | Own. % in Applicant<br>100 |                              |  |
| Name<br>Pure Harvest Corporate Group, Inc  |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number<br>OE-000105  |  |
| Address (Home)<br>7400 E Crestline Cir Ste 130   |  |  | City<br>Greenwood Vi |                      | State/Prov<br>CO | ZIP<br>80111 |                            | Phone Number<br>801-680-3806 |  |
| Business Associated with (Parent business or sub-entity)<br>Pure Harvest Colorado, LLC                 |  |  |                      | Own. % Entity<br>100 |                  |              | Own. % in Applicant<br>0   |                              |  |
| Name<br>Matthew Gregarek - Officer   |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number<br>M109750    |  |
| Address (Home)<br>7400 E. Crestline Cir Ste 130  |  |  | City<br>Greenwood Vi |                      | State/Prov<br>CO | ZIP<br>80111 |                            | Phone Number<br>303-915-2027 |  |
| Business Associated with (Parent business or sub-entity)<br>Pure Harvest Colorado, LLC                 |  |  |                      | Own. % Entity<br>0   |                  |              | Own. % in Applicant<br>0   |                              |  |
| Name<br>Neale Gibbons - CEO  |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number<br>M20282     |  |
| Address (Home)<br>PO Box 411   |  |  | City<br>Dumont       |                      | State/Prov<br>CO | ZIP<br>80436 |                            | Phone Number<br>801-680-3806 |  |
| Business Associated with (Parent business or sub-entity)<br>Pure Harvest Colorado, LLC                 |  |  |                      | Own. % Entity<br>0   |                  |              | Own. % in Applicant<br>0   |                              |  |
| Name<br>Matthew Gregarek - CEO / Chairman of the Board   |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number<br>M109750    |  |
| Address (Home)<br>7400 E. Crestline Cir Ste 130  |  |  | City<br>Greenwood Vi |                      | State/Prov<br>CO | ZIP<br>80111 |                            | Phone Number<br>303-915-2027 |  |
| Business Associated with (Parent business or sub-entity)<br>Pure Harvest Corporate Group, Inc          |  |  |                      | Own. % Entity<br>0   |                  |              | Own. % in Applicant<br>0   |                              |  |
| Name   |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number               |  |
| Address (Home)   |  |  | City                 |                      | State/Prov       | ZIP          |                            | Phone Number                 |  |
| Business Associated with (Parent business or sub-entity)   |  |  |                      | Own. % Entity        |                  |              | Own. % in Applicant        |                              |  |
| Name   |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number               |  |
| Address (Home)   |  |  | City                 |                      | State/Prov       | ZIP          |                            | Phone Number                 |  |
| Business Associated with (Parent business or sub-entity)   |  |  |                      | Own. % Entity        |                  |              | Own. % in Applicant        |                              |  |
| Name   |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number               |  |
| Address (Home)   |  |  | City                 |                      | State/Prov       | ZIP          |                            | Phone Number                 |  |
| Business Associated with (Parent business or sub-entity)   |  |  |                      | Own. % Entity        |                  |              | Own. % in Applicant        |                              |  |
| Name   |  |  |                      | SSN/FEIN             |                  | DOB          |                            | License Number               |  |
| Address (Home)   |  |  | City                 |                      | State/Prov       | ZIP          |                            | Phone Number                 |  |
| Business Associated with (Parent business or sub-entity)   |  |  |                      | Own. % Entity        |                  |              | Own. % in Applicant        |                              |  |

| <b>Buyer's Proposed Business Information (Not applicable if only adding new CBOs)</b>   |  |                  |   |                   |  |                             |
|---|--|------------------|---|-------------------|--|-----------------------------|
| New Legal Business Name<br>SKM Ventures LLC   |  |                  |   | Trade Name<br>SKM |  |                             |
| Physical Address<br>1077 CR 308 Dumont, CO 80436  |  |                  |   |                   |  |                             |
| Mailing Address<br>PO Box 411   |  |                  |   |                   |  |                             |
| Federal Taxpayer ID<br>47-1135655   |  |                  | Colorado Sales Tax License #<br>27847215-0000 |                   |  |                             |
| <b>Main Business Contact Person (Not applicable if only adding new CBOs)</b>  |  |                  |   |                   |  |                             |
| Primary Contact Person for Business<br>Neale Gibbons  |  |                  |   |                   | Primary Contact Phone Number<br>801-680-3806 |                             |
| Primary Contact Email<br>neale.skm@gmail.com  |  |                  |   |                   |  |                             |
| Physical Address of Contact Person<br>101 Wild Wagoner Trl  |  |                  |   |                   |  |                             |
| City<br>Dumont  |  |                  |   | State/Prov<br>CO  | ZIP<br>80346-0411                            |                             |
| <b>Proposed Ownership Structure - Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, Managers and any other individual that Controls the RMB. (Do not include the licensed entity/RMB on this table.)</b> |  |                  |   |                   |  |                             |
| Name<br>SKM Ventures LLC  |  |                  | SSN/FEIN<br>47-1135655                        |                   | DOB  | License Number<br>OE-000499 |
| Address (Home)<br>PO Box 411  |  | City<br>Dumont   | State/Prov<br>CO                              | ZIP<br>80436      | Phone Number<br>801-680-3806                 |                             |
| Business Associated with (Parent business or sub-entity)<br>Sofa King Medicinal Wellness Products, LLC  |  |                  | Own. % Entity<br>0                            |                   | Own. % in Applicant<br>100                   |                             |
| Name<br>Chessler Holdings CO LLC  |  |                  | SSN/FEIN                                      |                   | DOB  | License Number<br>OE-000500 |
| Address (Home)<br>1777 Main St.   |  | City<br>Sarasota | State/Prov<br>FL                              | ZIP<br>34236      | Phone Number<br>941-456-0385                 |                             |
| Business Associated with (Parent business or sub-entity)<br>SKM Ventures LLC  |  |                  | Own. % Entity<br>80                           |                   | Own. % in Applicant<br>0                     |                             |
| Name<br>David Chessler  |  |                  | SSN/FEIN                                      |                   | DOB  | License Number<br>M150882   |
| Address (Home)<br>1777 Main St.   |  | City<br>Sarasota | State/Prov<br>FL                              | ZIP<br>34236      | Phone Number<br>941-456-0385                 |                             |
| Business Associated with (Parent business or sub-entity)<br>Chessler Holdings CO LLC  |  |                  | Own. % Entity<br>0                            |                   | Own. % in Applicant<br>0                     |                             |
| Name<br>Neale Gibbons   |  |                  | SSN/FEIN                                      |                   | DOB  | License Number<br>M20282    |
| Address (Home)<br>PO Box 411  |  | City<br>Dumont   | State/Prov<br>CO                              | ZIP<br>80436      | Phone Number<br>801-680-3806                 |                             |
| Business Associated with (Parent business or sub-entity)<br>SKM Ventures LLC  |  |                  | Own. % Entity<br>20                           |                   | Own. % in Applicant<br>0                     |                             |
| Name  |  |                  | SSN/FEIN                                      |                   | DOB  | License Number              |
| Address (Home)  |  | City             | State/Prov                                    | ZIP               | Phone Number                                 |                             |
| Business Associated with (Parent business or sub-entity)  |  |                  | Own. % Entity                                 |                   | Own. % in Applicant                          |                             |
| Printed Legal Business Name   |  |                  | Printed Trade Name (DBA)                      |                   |  |                             |

Are there any outstanding options, warrants or contracts, that may be exercised into an Owner's Interest in the RMB within the next 60 days that would constitute a CBO?

Yes  No \*If YES, attach list of persons

Are there any other Persons, other than those listed in the Ownership Structure, that can Control the RMB?

Yes  No \*If YES, attach list of persons

**Indirect Financial Interest Holder - List those with 2 or more interests (PBO, lease, Intellectual Property agreements, finance and/or equipment lease agreements, etc.) or loans that are 50% or more of the operating capital as defined in Rule 2-230(A)(3).**

|                                |               |          |
|--------------------------------|---------------|----------|
| Name of Interest Holder<br>N/A | Date of Birth | FEIN/SSN |
|--------------------------------|---------------|----------|

Address

List Types of Interests

|                                |               |          |
|--------------------------------|---------------|----------|
| Name of Interest Holder<br>N/A | Date of Birth | FEIN/SSN |
|--------------------------------|---------------|----------|

Address

List Types of Interests

|                                |               |          |
|--------------------------------|---------------|----------|
| Name of Interest Holder<br>N/A | Date of Birth | FEIN/SSN |
|--------------------------------|---------------|----------|

Address

List Types of Interests

|                                |               |          |
|--------------------------------|---------------|----------|
| Name of Interest Holder<br>N/A | Date of Birth | FEIN/SSN |
|--------------------------------|---------------|----------|

Address

List Types of Interests

## Affirmation & Consent

I/We,                     Neale Gibbons                    , as an owner(s) for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Change of Controlling Beneficial Owner License Application statements, attachments, and supporting schedules are true and correct to the best of my/our knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I/We am/are aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the marijuana business application. I/We am/are voluntarily submitting this application to the Colorado Marijuana Licensing Authority, under oath, with full knowledge that I/We may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I/We further consent to any background investigation necessary to determine my/our present and continuing suitability and that this consent continues as long as I/We hold a Colorado Marijuana License.

**Note:** If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account(s) electronically.

**Print Full Legal Name of Owner clearly below:**

|  |   |  |  |
|--|---|--|--|
| Applicant's Legal Business Name<br><p style="text-align: center;">SKM Ventures LLC</p> |   | Trade Name (DBA)<br><p style="text-align: center;">SKM</p>       |  |
| Last Name of Owner (Please Print)<br><p style="text-align: center;">Gibbons</p>        | First Name of Owner<br><p style="text-align: center;">Neale</p> | Middle Name of Owner<br><p style="text-align: center;">Davis</p> |  |
| Signature  |   |  | Date<br><p style="text-align: center;">3.29.23</p> |
| Last Name of Owner (Please Print)  | First Name of Owner   | Middle Name of Owner   |  |
| Signature  |   |  | Date   |
| Last Name of Owner (Please Print)  | First Name of Owner   | Middle Name of Owner   |  |
| Signature  |   |  | Date   |
| Last Name of Owner (Please Print)  | First Name of Owner   | Middle Name of Owner   |  |
| Signature  |   |  | Date   |

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**Note:** If there are more than four (4) owners, please use a second Affirmation & Consent page (page 7 of 15).

## Affirmation & Consent

I/We, Neale Gibbons / David Chessler, as an owner(s) for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Change of Controlling Beneficial Owner License Application statements, attachments, and supporting schedules are true and correct to the best of my/our knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I/We am/are aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the marijuana business application. I/We am/are voluntarily submitting this application to the Colorado Marijuana Licensing Authority, under oath, with full knowledge that I/We may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I/We further consent to any background investigation necessary to determine my/our present and continuing suitability and that this consent continues as long as I/We hold a Colorado Marijuana License.

**Note:** If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account(s) electronically.

**Print Full Legal Name of Owner clearly below:**

|  |                                     |   |
|--|-------------------------------------|---|
| Applicant's Legal Business Name<br><b>Pure Harvest Colorado, LLC</b>                             |                                     | Trade Name (DBA)<br><b>SKM</b>          |
| Last Name of Owner (Please Print)<br><b>Gibbons</b>  | First Name of Owner<br><b>Neale</b> | Middle Name of Owner<br><b>Davis</b>    |
| Signature<br>   |                                     | Date<br><b>01/23/2023</b>               |
| <small>(06/11/2023 10:21:02 AM MST)</small>  |                                     |   |
| Last Name of Owner (Please Print)<br><b>Chessler</b>   | First Name of Owner<br><b>David</b> | Middle Name of Owner<br><b>Lawrence</b> |
| Signature<br> |                                     | Date<br><b>01/23/2023</b>               |
| <small>(David Chessler, Dec 23, 2023, 11:04 EST)</small>   |                                     |   |
| Last Name of Owner (Please Print)  | First Name of Owner                 | Middle Name of Owner                    |
| Signature<br> |                                     | Date                                    |
| <small>(01/14/2023 11:31:20 AM MST)</small>  |                                     |   |
| Last Name of Owner (Please Print)  | First Name of Owner                 | Middle Name of Owner                    |
| Signature<br> |                                     | Date                                    |
| <small>(01/23/2023 10:23:45 MST)</small>   |                                     |   |

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**Note:** If there are more than four (4) owners, please use a second Affirmation & Consent page (page 7 of 15).



### RMB Organizational Chart

Licenses 402R-00777; 403R-00385;  
404-00492; 404R-00094

