



# CHANGE OF OWNERSHIP MEDICAL MARIJUANA BUSINESS

Licensee Name (name of LLC or corporation, etc.)		DBA	
Mailing Address		City	State Zip
Business Phone	Business FAX	City MMJ License No.	State MMJ License No.
<b>Type of Ownership Change (check all that apply)</b> <input type="checkbox"/> Redistributing ownership/control among current ownership group <input type="checkbox"/> Distributing ownership to new persons who will have any ownership or controlling interest <input type="checkbox"/> Adding a new person or entity with a direct or financial interest in the licensee		<b>Is this ownership change being submitted at least 30 days prior to the change being completed?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	

## CURRENT OWNERSHIP STRUCTURE

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the licensee. List all parent, holding, or other intermediary business interest. Use additional sheets or attachments if necessary.

Name	Title	SSN/FEIN	DOB
Address	City, State, Zip		Phone
Business Associated With (Parent Business or Sub-Entity)	Ownshp % in Assoc Bus.	Effective Ownshp % in Licensee	
Name	Title	SSN/FEIN	DOB
Address	City, State, Zip		Phone
Business Associated With (Parent Business or Sub-Entity)	Ownshp % in Assoc Bus.	Effective Ownshp % in Licensee	
Name	Title	SSN/FEIN	DOB
Address	City, State, Zip		Phone
Business Associated With (Parent Business or Sub-Entity)	Ownshp % in Assoc Bus.	Effective Ownshp % in Licensee	

**PROPOSED OWNERSHIP STRUCTURE**

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the licensee. List all parent, holding, or other intermediary business interest. Use additional sheets or attachments if necessary.

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Name	Title	SSN/FEIN	DOB
Address		City, State, Zip	Phone
Business Associated With (Parent Business or Sub-Entity)		Ownshp % in Assoc Bus.	Effective Ownshp % in Licensee

**OATH OF LICENSEE (OWNER)**

I declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge that it is my responsibility to become familiar, and comply, with the provisions of Chapter 15, Article XVI of the Fort Collins City Code, and the Colorado Medical Marijuana Code.

Signature	Title	Date
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STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Witness my hand and official seal.

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

My commission expires: \_\_\_\_\_