

Marijuana Enforcement Division Report of Changes

Current License Number (All Answers Must Be Printed Legibly or Typewritten)

1. Name of Business requesting changes or Person requesting duplicate badge

2. Trade Name

3. Business address or personal address if requesting a duplicate badge

City

State

ZIP

4. Primary Contact Person for Business

Primary Contact Phone Number
()

Title

Primary Contact Address

City

State

ZIP

Primary Contact Email

Select the Appropriate Section Below and Proceed to The Instructions on Page2.

(Please refer to fee schedule on the website—www.colorado.gov/revenue/med)

Section A—Duplicate License		Section B	
<input type="checkbox"/> Duplicate Business License	\$	<input type="checkbox"/> Change Corp. or Trade Name Permit (ea)	\$
<input type="checkbox"/> Duplicate Badge	\$	<input type="checkbox"/> Change Location Permit – Medical	\$
		<input type="checkbox"/> Change Location Permit – Retail	\$
		<input type="checkbox"/> Change, Alter or Modify Premises	
	\$	x	Total Fee \$

Oath of Applicant (For Duplicate License or Badge Only)

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature

Date

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Total
Amount Due

\$

.00

Instruction Sheet

For All Sections, Complete Questions 1-3 Located on Page 1

(Please refer to fee schedule on the website—www.colorado.gov/revenue/med)

☐ Section A

For a Duplicate Badge or Business License be sure to include the license number in the upper portion of page 1 and sign at bottom of page 1. Separate applications are required for each license.

☐ Section B

Check the appropriate box in section C and proceed below.

- 1) **Change Trade Name:** go to page 3 and complete question 1 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 2) **To Modify Premise:** go to page 4 and complete question 3. Submit the necessary information and proceed to Oath of Applicant signature. Submit any existing lease that is revised due to the modification.
- 3) **To Change Location:** go to page 3 and complete question 2. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.

1. Change Trade Name

☐ Section C

☐ Change of Trade Name / DBA only (Attach the following supporting documents)

1. Copy of Change of Trade Name or Amendment filed with the Colorado Secretary of State
2. Copy of new Trade Name registration

Old Trade Name	New Trade Name		
Address	City	County	ZIP

2. Change of Location

A. Address of current premises

Address	City	County	ZIP
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B. Address of proposed new premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)

Address	City	County	ZIP
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C. New Mailing Address if Applicable.

Address	City	County	ZIP
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D. Attach detailed diagram of the premises including security equipment locations and proof from local licensing authority that the change has been submitted.

Report and Approval of Local Licensing Authority (City / County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Article 43.3 or 43.4, C.R.S. , as amended. **Therefore, this application is approved.**

Local Licensing Authority (City or County)	Date Filed With Local Authority
Signature of Local Licensing Representative	Title
	Date

3. Modification of Premises

(Note: Licensees may not modify their licensed premises until approved by state and local authorities.)

A. Describe Change proposal

B. If the modification is temporary, when will the proposed change:

Start (MM/DD/YY)

End (MM/DD/YY)

C. Will the proposed change result in the licensed premises now being located within 1000 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?

(If yes, explain in detail, describe any exemptions that apply and provide a copy of the exemption or local ordinance) ☐ Yes ☐ No

D. Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises include security equipment locations.

E. Attach any existing lease that is revised due to the modification.

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature of Owner/Principal

Title

Date

Report and Approval of Local Licensing Authority (City / County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Article 43.3 or 43.4, C.R.S. , as amended. **Therefore, this application is approved.**

Local Licensing Authority (City or County)

Date Filed With Local Authority

Signature of Local Licensing Representative

Title

Date

Report of State Licensing Authority

The foregoing has been examined and complies with the filing requirements of Title 12, Article 43.3 or 43.4, C.R.S., as amended.

Signature

Title

Date