



## MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST

- MEDICAL OWNER CHANGE**  
 **SHARED Licensed Premises**

- RETAIL OWNER CHANGE**

ENTITY NAME: \_\_\_\_\_

TRADE NAME (DBA): \_\_\_\_\_

Applications will be accepted **electronically**. Email [marijuanalicensing@fcgov.com](mailto:marijuanalicensing@fcgov.com) to request a secure link.

**Purpose: Application type: I am filling this application to:** [first check the guidance on when to Submit Change of Ownership](#)

- Add a new [person \(10%>\)](#) or [entity](#) to become a Controlling Beneficial Owner(s)(CBO).  
 Business wishes to remove an existing owner and/or entity who will not remain CBO  
 Changing Entity Jurisdiction (MJ business or Controlling Beneficial Owners): changing its entity jurisdiction to one of the states  
 Change of business entity type (i.e. convert an LLC to a Corporation).  
 Change of legal entity name: CURRENT NAME: \_\_\_\_\_ PROPOSED NAME: \_\_\_\_\_  
 A business wishes to change the ownership percentages of existing owners. i.e. Reallocation of owner interests  
 **Other: MED Exemptions to Change of Owner Applications. See [MED DISCLOSURE Form: Review Rule 2-245\(C\)](#)**

License type	Premise address	City of Fort Collins License # and expiration date	MED (State) license # and expiration date
STORE(S)			
CULTIVATION(S)			
MANUFACTURE(S)			

**NOTE: Incomplete applications WILL NOT be processed. All materials must be digital files and saved as .pdf files and on 8.5x11 inch paper. Legal documents must be properly signed and executed. Tip: You can use a [free, online tool](#) to merge documents into a single file. **Licensees MUST report all changes in ownership.****

### APPLICATION DOCUMENTS and Required Disclosures *Review CRS 44-10-311-313 and CCR 212-3*

Letter of Intent: _____ Pre-Application Meeting Date(s): _____ Note: if your project is becoming longer than 90 days, an updated application meeting is necessary. Keep us informed!
<input type="checkbox"/> Copies of Licenses-City of Fort Collins (if changing Entity-i.e. from LLC to Corp)
<b>Affirmation and Consent</b> (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN THE FORM!) i.e.: Controlling Beneficial Owner or Owner Entity Representative (note: if no individual owns 10% or more, someone from the <b>Entity</b> MUST SIGN: i.e. Chief Executive Officer/Director/Board Member)
Publicly Traded Company <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA include Addendum A from MED app
<b>Authorization and Consent</b> to Release Information ( <b>Business</b> ) (City of Fort Collins) (note: the authorized signer must have the authority to make decisions regarding the license/application)
<b>APPLICATION: <a href="#">MED Forms</a> DR8535 Change of Controlling Beneficial Ownership Application for each license type. <i>Review MED GUIDANCE and Rules Section 2-200 Series</i></b> Date Ft. Collins rec'd MED (State) Application(s): _____
<b>MED Form: Disclosure Form: <b>exempt</b> from the Change of Ownership Application.</b> <input type="checkbox"/> NA <a href="#">Review Rule 2-245(C)</a> , 1 CCR 212-3. Date Ft. Collins rec'd MED (State) Disclosure: _____ <input type="checkbox"/> Change of Legal Name <input type="checkbox"/> Change of Entity Type <input type="checkbox"/> Change of Entity Jurisdiction



**MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST**

- MEDICAL OWNER CHANGE**
- SHARED Licensed Premises**

- RETAIL OWNER CHANGE**

**ENTITY NAME:** \_\_\_\_\_

**TRADE NAME (DBA):** \_\_\_\_\_

	<p><b>Supporting Documents (if applicable):</b> Any other documents that may be necessary to support the application(s). See examples below:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> cover letter to local authority explaining change.</li> <li><input type="checkbox"/> MED approval Letters for transfer of licenses      <input type="checkbox"/> Asset purchase agreement</li> <li><input type="checkbox"/> promissory note      <input type="checkbox"/> contracts or agreements (i.e. Medical Manuf &amp; store: ref: CRS44-10-503(3))</li> <li><input type="checkbox"/> other: name of supporting document(s): _____</li> </ul>
--	---

**PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared**

	<p><b>Updated property documents are required if <u>Legal Entity Name is Changing</u>.</b></p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> no    <input type="checkbox"/> NA includes: <u>Lease and property authorization form</u></p>
--	---

	<p><b>Authorization to Use Property</b> for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form).    <input type="checkbox"/> <b>SHARED SPACE</b></p> <p>The Property Owner/Landlord and any Sublessor understand that the Applicant intends to use the property for the activities pertaining to:</p> <p><input type="checkbox"/> <b>STORES: Property Owner Name/Landlord:</b> _____ <b>Phone #</b> _____</p> <p><input type="checkbox"/> <b>CULTIVATIONS/MIPS:</b></p> <p><b>Property Owner Name/Landlord:</b> _____ <b>Phone #</b> _____</p>
--	--

**BUSINESS ENTITY DOCUMENTS: Review CRS 44-10-308 and CRS 44-10-309**

If you do not know which entity type applies to your business or organization, contact the Colorado Secretary of State's Office <https://www.sos.state.co.us/>

	<p><b>Type of Corporate Structure:</b>      <b>Entity Name:</b> _____</p> <p><input type="checkbox"/> Corporation    <input type="checkbox"/> Limited Liability    <input type="checkbox"/> Company Partnership</p>
--	---

	<p><b>Publicly Traded Company</b> (CRS 44-10-309(I))    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA</p>
--	--

	<p><b>Organizational Chart</b>, including the identity and ownership percentage of all CBO's (Controlling Beneficial Owners and Entities) CRS 44-10-309(a)</p> <p><input type="checkbox"/> Org Chart(s) included    <input type="checkbox"/> <b>notes:</b> _____</p>
--	--

	<p><b>Organizational Documents:</b>    <input type="checkbox"/> <b>notes:</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Operating Agreement for LLC(s)      <input type="checkbox"/> Articles of Organization, include amendments</li> <li><input type="checkbox"/> By Laws      <input type="checkbox"/> Certificate of Authority-if foreign Co.</li> <li><input type="checkbox"/> Partnership Agreement      <input type="checkbox"/> Articles of Incorporation    <input type="checkbox"/> Shareholder Agreement</li> <li><input type="checkbox"/> Statement of Conversion      <input type="checkbox"/> Other: i.e. minutes of board meeting, etc.</li> </ul> <p><b>Corporate Governance Documents</b> Include which document is being provided)</p> <p><input type="checkbox"/> Required for Publicly Traded Companies    <input type="checkbox"/> Permitted, but not required for privately held co.</p>
--	--

	<p><input type="checkbox"/> City Sales Tax # (required only for stores): _____ (Ref: <a href="#">City Sales Tax Link</a>)</p> <p><input type="checkbox"/> State Sales Tax # (required only for stores): _____ (Ref: <a href="#">CO Dept of Revenue</a>)</p> <p>Used to verify tax compliance. If entity name is changing, Sales tax must be notified.</p>
--	---

	<ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Secretary of State</a> <b>Certificate of Good Standing</b> for new Entity</li> <li><input type="checkbox"/> <a href="#">Secretary of State</a> Statement of <b>Trade Name</b> for new entity</li> <li><input type="checkbox"/> <a href="#">Secretary of State</a> Certificate of Good Standing for a <b>Foreign Entity</b> if applicable</li> </ul>
--	---



**MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST**

- MEDICAL OWNER CHANGE**  
 **SHARED Licensed Premises**

- RETAIL OWNER CHANGE**

ENTITY NAME: \_\_\_\_\_

TRADE NAME (DBA): \_\_\_\_\_

	<p><b>Asset Purchasing Agreement</b> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA  <b>(required if ownership percentages are changing or any shares of the business were sold)</b>          Or Merger agreement, sales contract or any other document necessary to effectuate the change of owners.          Other contracts: any agreements, financial agreements; promissory notes if applicable</p>
	<p>In the event that a person is <b>leaving the entity</b>, proof that the departure is voluntary (for example, a letter of resignation)</p>
	<p><b>For a Limited Liability Company: if there are multiple LLCs, please include all information</b>  <input type="checkbox"/> Articles of organization, including amendments  <input type="checkbox"/> Operating agreement for LLC(s)  <input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years</p>
	<p><b>For a Corporation:</b>  <input type="checkbox"/> Articles of incorporation-must be stamped by Secretary of State  <input type="checkbox"/> Articles of organization, including amendments <input type="checkbox"/> Operating agreement  <input type="checkbox"/> Minutes of first board meeting- for new corporations less than 2 years old  <input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years</p>
	<p><b>For a Limited Liability Partnership:</b>  <input type="checkbox"/> Articles of partnership-must be stamped by Secretary of State  <input type="checkbox"/> Articles of organization, including amendments <input type="checkbox"/> Operating agreement  <input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years</p>
	<p><b>For a Partnership:</b>  <input type="checkbox"/> A partnership agreement  <input type="checkbox"/> Proof of registration with the Colorado Secretary of State &amp; Operating agreement</p>
	<p><b>For an Association or Other Entity:</b>  <input type="checkbox"/> copy of agreement(s) creating association or relationship between parties</p>
<p><b>OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) and or Owner Entity (OE)</b>          Provide information for any owner who owns 10% or more of the license. The <u>on-site manager</u> must have the authority to make decisions regarding the licenses (i.e.) Key Employee-Manager [CRS 44-10-307 &amp; 308] and <a href="#">Sec 15-474</a> &amp; <a href="#">Sec 15-614</a>  <a href="#">Review MED Marijuana Business Owners Page</a></p>	
<p>The City of Fort Collins will complete finding of suitability natural persons (Criminal Background Checks) on all CBO's with <u>10% or more ownership</u>. Please <u>do not include</u> indirect financial interest holders          Finding of Suitability of Owner Entity's (Business Entity's) will be completed with the MED.</p>	
<p><b>IF owners have already been VETTED with the CITY OF FORT COLLINS, PLEASE ONLY PROVIDE A COPY OF THEIR MOST RECENT MED BADGE showing the expiration date.</b>  <b>If they have NOT been VETTED with the City and they hold 10%+ interest a CBI is necessary. Then provided all necessary information to the city. Follow instructions on fingerprinting.</b></p>	
<p><b>Ownership Information: Regulated Marijuana Business: CBO's Non-Resident Owner(s):</b> <input type="checkbox"/>Yes or <input type="checkbox"/>no <input type="checkbox"/>NA          Name of Non-Resident Owner w/10%: _____ &amp; State reside in: _____</p>	
<p><input type="checkbox"/> <b>Social Equity License-Eligibility-</b> review <a href="#">MED link</a> <input type="checkbox"/>Yes or <input type="checkbox"/>no          If your change of ownership information constitutes a change in Social Equity Applicant Status, please provide  <input type="checkbox"/> Proof of <a href="#">eligibility</a> for any social equity licensee listed in the ownership structure</p>	
	<p><b>Controlling Beneficial Owners: Ref: <a href="#">MED Business Owner Page</a></b>  <input type="checkbox"/> Copy of <b>MED owner(s)</b> badge(s) showing expiration date is provided.  <input type="checkbox"/> Copy of <b>MED owner(s) entity (OE)</b> approval letters</p>



**MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST**

- MEDICAL OWNER CHANGE**
- SHARED Licensed Premises**

- RETAIL OWNER CHANGE**

ENTITY NAME: \_\_\_\_\_

TRADE NAME (DBA): \_\_\_\_\_

<p><b>Fingerprinting with <u>Third Party Fingerprint Service</u> such as: <u>IdentoGO</u> or <u>CO Fingerprinting</u>: follow <u>separate instruction sheet</u>. Service code: 25YQ8H Enter CBI Account Number (CONCJ6192)</b></p>					
	<p><b>Owners-CBO &amp; Owner Entity: /% ownership</b></p>	<p><b>First and Last Names and % ownership</b></p>	<p><b>Owner license # and expiration date</b></p>		
	<p>Onsite contact/manager</p>				
	<p>Owner 1</p>				
	<p>Owner 2</p>				
	<p>Owner 3</p>				
	<p>Owner 4</p>				
	<p>Owner ENTITY 1</p>				
	<p>Owner ENTITY 2</p>				
	<p>Owner ENTITY 3</p>				
<p><b>This is for finding of suitability:</b>  <b>Form of Identification (must include a photo) for <u>each person that owns 10%&gt; only</u>.</b>  <b>COLOR</b> copy please on 1 page</p> <p> <input type="checkbox"/> MED Owner Badge(s)            <input type="checkbox"/> State Issued Picture ID            <input type="checkbox"/> Valid passport            <input type="checkbox"/> Driver's license  <input type="checkbox"/> A military identification card            <input type="checkbox"/> An alien registration card (Green Card)       </p>					
<p><b>OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) and or Owner Entity (OE)</b></p>					
<p><b>Affirmation and Consent</b> (Fort Collins Form)          (note: any owner who owns 10% or more-MUST SIGN THE FORM!)          i.e.: Controlling Beneficial Owner or Owner Entity Representative)  <b>Suitability Application for Natural Person (by Controlling Beneficial Owner (CBO))</b></p>					
<p><b>Authorization and Consent to Release Information (Individual)</b> (Fort Collins Forms)</p>					
<p><input type="checkbox"/> <b>Copy of Finding of Suitability-Natural Person-DR 8520 Suitability Application for Natural Person</b>  <a href="#">MED Business owners page</a>  <input type="checkbox"/> <b>MED approval</b> for suitability for Natural person attached if available, must provide this when ready</p>					
<p><input type="checkbox"/> <b>Copy of MED Finding Suitability-Owner Entity (OE): DR 8557 ENTITY Suitability Application</b> pgs 1-5  <input type="checkbox"/> MED approval for (OE)-ENTITY'S Suitability Letter attached</p>					



**MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST**

- MEDICAL OWNER CHANGE
- SHARED Licensed Premises

- RETAIL OWNER CHANGE

ENTITY NAME: \_\_\_\_\_

TRADE NAME (DBA): \_\_\_\_\_

FEES		
<p><b>Fees DUE AT TIME OF APPLICATION. <u>Separate payment for Medical MJ and Retail MJ Fees is required. Pay City Marijuana License Fees online</u></b>  <b>Checks or money orders, payable to "City of Fort Collins". Online payment is preferred method</b>  <b>Please also refer to the City's Fee schedule online <a href="#">Medical MJ</a> and <a href="#">Retail MJ</a></b></p>		
<b>FEES: click links for local fees</b>	<b>Medical</b>	<b>Retail</b>
Change of Controlling Beneficial Owner Applications Application fees are non-refundable	<input type="checkbox"/> \$_____/license _____:# of Licenses	<input type="checkbox"/> \$_____/license _____:# of Licenses
Review MED Exemptions for change of ownerships	<input type="checkbox"/> \$_____/license-EXEMPTION	<input type="checkbox"/> \$_____/license-EXEMPTION See <a href="#">MED Fee Schedule</a>
<b>TOTAL DUE TO CITY</b>		
<b>Online payment date received</b>		

**Please note:**

The City of Fort Collins reserves the right to request additional information and documentation throughout the course of the application review and must be provided within 7 calendar days of notification. **Keep a copy of the application for your records.**

- **Proof of state approval** of the proposed new changes to the regulated marijuana business will need to be submitted, and all the applicable inspections will need to be completed and approved, before the City will issue a local license
- Applications will be administratively closed if the application process has not been completed within 12 months.
- Legal documents included as part of this application must be properly signed and executed

It is recommended that you retain an attorney to assist you with this application process. No city staff member is permitted to provide any legal advice regarding the marijuana business license application, or any documents submitted. The applicant is responsible for compliance with all code and rule requirements. It is also recommended that you enlist the services of a professional to develop plans for the building, zoning, and fire prevention elements of your building.