



Updated April 24, 2019

Applicant Business: _____

**RETAIL MARIJUANA
TRANSFER OF OWNERSHIP APPLICATION CHECKLIST**

These documents are to be completed by the Buyer, unless otherwise indicated. A Transfer of Ownership is a complete sale from the licensed entity to a new entity. If the licensed entity is remaining the same, but the parties within the entity are changing, see instead Change of Ownership forms. The City of Fort Collins treats a transfer of ownership as the same as a brand-new business license application.

Applications will be accepted by **appointment only**. Call 970-416-4206 to schedule an appointment.

Date of appointment: _____

License # & Type: _____

State License # & Type: _____

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.

Applications must be **complete** in all aspects. All documents must be typed or legibly printed in ink. Please organize your application documents in the same order as the checklist below and place the checklist on top. Incomplete applications will not be accepted. The City Clerk's Office **will not provide** notary services for application documents.

MAIN APPLICATION DOCUMENTS: Review CRS 44-12-308 and CRS-44-12-309 and FCMC 15-612	
	Affidavit of Consent to Transfer (Completed by the Seller) <input type="checkbox"/> Copy of MED License being transferred. Expiration Date: _____
	Oath of Application (Fort Collins Form) (note: 1 per application is required)
	Authorization and Consent to Release Information (Business) (City of Fort Collins)
	MED Form: Change of Ownership Application for each license type. Please refer to the CO Retail Code. Date Ft. Collins rec'd MED (State) Application: _____ MED Form DR 8535 Change of Ownership Must submit separate application for each business license. Single Sided.
	MED Form: New Retail Business License Application (with new ownership information) DR 8548 License Application for each license type Must submit separate application for each business license. Single Sided.
	Other: Supporting documents such as Detail Action Sheet and or supplemental documents supporting business license application is attached. Use Detail Action Sheet (DAS) <u>excel separate sheet (see attached document)</u>, including jurisdiction, type of action and date of action) for each license held by same entity or connected to any of the individuals that are a party to the license being transferred. (Fort Collins Form)
	Sales tax license or copy of application and copy of State sales tax Copy of the State Sales Tax License

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PROPERTY-RELATED DOCUMENTS	
	<p>Zoning Report: To be submitted to the Zoning Department for its review and comment and submitted by the applicant as part of the application (Fort Collins Form).</p> <p>Note: If Zoning indicates applications/approvals are needed, they MUST be completed prior to application submission. Development approvals (if required) <input type="checkbox"/> Attached</p>
	<p>Location Criteria: Sec.15-615 Meets all location criteria under applicable zoning laws.</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA-cultivation/MIP</p>
	<p>Site plan: A “to scale”, no larger than 11" x 17", for the parcel on which the business will be located showing the parcel lot lines, location of the building on the site, location of the tenant space within the building (if leasing a portion of the building); and loading zones. Aerial photos and internet graphics are not acceptable.</p> <p>Attached to Zoning report: <input type="checkbox"/> Yes or <input type="checkbox"/> no</p>
	<p>Floor Plan: A “to scale” diagram of the proposed licensed premises, no larger than 11" x 17", showing building layout, all entryways and exits, loading zones, and all areas in which marijuana will be stored, grown, manufactured or sold, is attached and labeled as “PROPOSED” (follow floor plan & video plan requirements)</p> <p>Note: Marijuana Enforcement officer MUST “sign-off” on your “proposed” floorplan</p> <p><input type="checkbox"/> Floor Plan has been accepted by Police Services, as evidenced by Enforcement Officer’s signature on floor plan. Date Accepted by Police: _____</p>
	<p>Authorization to Use Property for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form).</p> <p>Written consent of owner to lease property to a marijuana establishment</p>
	<p>Proof of possession of property (deed or lease) for marijuana business.</p> <p>[CRS 44-12-309(7)(b)] Lease expiration date: _____</p> <ul style="list-style-type: none"> Leases must be current and valid for at least one (1) year from date of execution of the lease and long enough to cover the term of the renewed license. Option-to-lease documents are not acceptable. Include all amendments, addendums and extensions. <p>Deed or lease must be in the name of the marijuana license applicant</p>
	<p>Poudre Fire Authority (PFA) Forms: to be reviewed and initialed by applicant</p> <ul style="list-style-type: none"> Code Requirements for Marijuana Grow Operations Code Requirements for Marijuana Manufacturer Facility (MIP) Fire Prevention Policy <p><input type="checkbox"/> Attached <input type="checkbox"/> Documentation has been forwarded to PFA</p>
	<p>All License Types: Are/will consumable marijuana or hemp products such as edibles, tincture, capsules, oral sprays, or extracted oil used in edibles ever be produced, stored, or</p>

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	<p>sold at the facility? <input type="checkbox"/> Yes or <input type="checkbox"/> no</p>
	<p>Cultivation Facilities: Do you perform water extractions? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p>
	<p>Infused Product Manufacturers: What type(s) of extraction do you perform? <input type="checkbox"/> Butane <input type="checkbox"/> Propane <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Ethanol <input type="checkbox"/> Isopropanol <input type="checkbox"/> Acetone <input type="checkbox"/> Heptane <input type="checkbox"/> Pentane <input type="checkbox"/> Other: _____ <input type="checkbox"/> NONE <input type="checkbox"/> Business leases/rent equipment</p>
<p>BUSINESS ENTITY DOCUMENTS Review CRS 44-12-309</p>	
	<p>For a Corporation:</p> <ul style="list-style-type: none"> • Articles of incorporation-must be stamped by Secretary of State • Certificate of Good Standing • Articles of organization, including amendments • Operating agreement • Minutes of first board meeting- for new corporations less than 2 years old • Certificate of Authority- if foreign company only and dated within the past two years
	<p>For a Limited Liability Company: if there are multiple LLCs, please include all information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Good Standing <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>For a Partnership:</p> <ul style="list-style-type: none"> • A partnership agreement • Proof of registration with the Colorado Secretary of State • Operating agreement
	<p>For a Limited Liability Partnership:</p> <ul style="list-style-type: none"> • Articles of partnership-must be stamped by Secretary of State • Certificate of Good Standing • Articles of organization, including amendments • Operating agreement • Certificate of Authority- if foreign company only and dated within the past two years
	<p>For an Association or Other Entity:</p> <ul style="list-style-type: none"> • copy of agreement(s) creating association or relationship between parties

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DOCUMENTS RELATING TO INDIVIDUAL PERSONS: Criminal Background Check

Review: CRS 44-12-308 and [FCMC 15-612](#)

	Form of identification (must contain a photo) for each person: Color copy please <input type="checkbox"/> Driver's license <input type="checkbox"/> State Issued Picture ID <input type="checkbox"/> Valid passport Other: copy of MED badge (if applicable, include this copy of MED badge) <input type="checkbox"/> A military identification card <input type="checkbox"/> An alien registration card (Green Card)
	Oath by Associated Person or Associated Key (Fort Collins Form)
	Authorization and Consent to Release Information (Individual) (Fort Collins Form)
	Addendum to DR 8520 / DR 8557 (Fort Collins Form) <input type="checkbox"/> Supporting documents are attached
	MED Associated Key License Application Form (DR 8520), pages 1-8. (New owners only):
	Non-Resident Owner: MED Pre-Suitability Application Form (DR 8557) <input type="checkbox"/> State approval letter for Pre-Suitability if applicable is attached
	Background checks with IdentoGo: follow separate instruction sheet Date that electronic fingerprints were completed: _____
	Indirect Beneficial Interest Owner (IBIO): (DR 8556)
	Other: Affirmation of Passive Investment (DR 8558) i.e. Economic Interest: R 202.1 (H) (2)(c) or Commercially Reasonable Royalty Interest Holder, or Qualified Limited Passive Investment Holder

OTHER

	Purchase agreement copy of sale between the Seller (Licensee) and the Buyer (applicant).
	Supporting documents: Name of Supporting document(s): _____ Any other documents that may be necessary to support the transfer application
	Fees (check, certified funds or money order only, payable to "City of Fort Collins") DUE AT TIME OF APPLICATION. No Cash will be accepted. Note: application fees are non-refundable Total Due to City: _____ Application fees: are paid to the City of Fort Collins at your appointment <input type="checkbox"/> Transfer of Ownership to a new entity: \$2500 per business license application License fees: are paid to the City of Fort Collins at your appointment <input type="checkbox"/> Retail Store: \$3000 <input type="checkbox"/> Retail Marijuana Cultivation: \$2000 <input type="checkbox"/> Retail Marijuana Products Manufacturer: \$2000 <input type="checkbox"/> Retail Marijuana Testing Facility: \$2000 <input type="checkbox"/> Retail Marijuana Operator: \$2000 Operating Fees: are due at time of issuance of local license <input type="checkbox"/> Retail Store: \$5000 <input type="checkbox"/> Retail Marijuana Cultivation: \$3000 <input type="checkbox"/> Retail Marijuana Products Manufacturer: \$3000 <input type="checkbox"/> Retail Marijuana Testing Facility: \$3000 <input type="checkbox"/> Retail Marijuana Operator: \$3000

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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 will need to be submitted, and all the applicable inspections will need to be completed and approved, before a license will be issued.**
- **Applications will be administratively closed if the application process has not been completed within 12 months.**
- **Review [Retail Rules and Regulations](#)**
- **Review [Retail Licensing Authority Rules of Procedure](#)**
- **Review [MED Marijuana Business Owners and Investors webpage](#).**
- **NOTE: Incomplete applications WILL NOT be processed.**

Please note:

Applicant **MUST** follow State (Marijuana Enforcement Division-MED) rules and Local rules for when applying for new marijuana license(s). The two segments of Colorado’s marijuana industry are separate and distinct and are governed by two different sets of statues, and rules. City of Fort Collins Marijuana business licenses are valid for one year.

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