



City Clerk
 300 LaPorte Avenue
 PO Box 580
 Fort Collins, CO 80522
970.221.6515
 970.221.6295 - fax
fcgov.com

MARIJUANA BUSINESS LICENSE LETTER OF INTENT

APPLICANT INFORMATION	
Name of Applicant (list Corporation/LLC/Partnership/Sole Proprietor):	
Trade Name (DBA): <i>(Must match Secretary of State certificate of good standing exactly)</i>	
Proposed Location (Street Address) of Marijuana Business:	Business Phone:
Mailing Address:	Alternate Phone:
Primary Contact Name and Title:	Email Address:

Type of Business (Check all that apply):

<input type="checkbox"/> Retail Marijuana Store	<input type="checkbox"/> Medical Marijuana Center
<input type="checkbox"/> Retail Marijuana Cultivation Facility	<input type="checkbox"/> Medical Marijuana Optional Premises Cultivation
<input type="checkbox"/> Retail Marijuana Products Manufacturer	<input type="checkbox"/> Medical Marijuana-Infused Products Manufacturer
<input type="checkbox"/> Retail Marijuana Operator	<input type="checkbox"/> Medical Marijuana Operator
<input type="checkbox"/> Retail Marijuana Testing Facility	<input type="checkbox"/> Medical Marijuana Testing Facility
<input type="checkbox"/> Medical Marijuana Research and Development Facility	
<input type="checkbox"/> Medical Marijuana Research and Development Cultivation	
PROHIBIT: Medical & Retail Transporter Licenses & Off Premises Storage Permits	

Proposed Size and Scope of Operation (attach separate sheet if necessary):

Submit Letter of Intent to: Talisa Gula-Yeast, Licensing Coordinator, tgula-yeast@fcgov.com