



Updated February 16, 2022

MARIJUANA BUSINESS LICENSE LETTER OF INTENT

Please complete this form to apply for a new City of Fort Collins medical or retail marijuana business license; or if you have complicated application such as a modification or change of location. Submit Letter of Intent to: Talisa Gula-Yeast, Licensing Coordinator, tgula-yeast@fcgov.com
 A pre-application meeting will be set up with you to discuss your proposal.

APPLICANT INFORMATION	
Entity Name: (list Corporation/LLC/Partnership/Sole Proprietor):	
Trade Name: (DBA):	
Physical Address: Proposed Location (Street Address) of the New Marijuana Business:	Business Phone:
Mailing Address (if different from the physical Address):	Alternate Phone:
Primary Contact Name and Title:	Email Address:
<p>Social Equity Program: Note: to apply for a license based on the "Social Equity Licensee" criteria established under section CRS 44-10-308(4), you must determine whether you are: (a) applying to own and operate a Regulated Marijuana Business License to participate in the Accelerator Program pursuant to section CRS 44-10-203, or (b) whether you are applying to own and operate a Regulated Marijuana business independently.</p> <p>Are you seeking a social equity license? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p> <p>Have you submitted an application to the State (MED) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p>	

Type of Business Licenses you are applying for (Check all that apply):

<input type="checkbox"/> Transfer of ownership to a new entity (The City treats a transfer of ownership as the same as a brand-new business license application)
<input type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Medical Marijuana Store
<input type="checkbox"/> Retail Marijuana Cultivation Facility <input type="checkbox"/> Medical Marijuana Cultivation Facility
<input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Medical Marijuana Products Manufacturer
<input type="checkbox"/> Retail Marijuana Business Operator <input type="checkbox"/> Medical Marijuana Business Operator
<input type="checkbox"/> Retail Marijuana Testing Facility <input type="checkbox"/> Medical Marijuana Testing Facility
<input type="checkbox"/> Marijuana Research and Development Facility
<input type="checkbox"/> Modification of Premises <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of ownership
PROHIBIT: Medical & Retail Transporter Licenses & Off Premises Storage Permits

<p>Proposed Size and Scope of Operation (attach separate sheet if necessary): Cultivations: will you perform cold water extracts? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Marijuana Infused Product Manufactures: What type(s) of extraction will you perform?</p>

Internal: to be completed by City of Fort Collins Staff: _____ : Date sent to BDR team and PFA

Building & Zoning Notes: Change of use application is required

Minor Amendment/Development review is required

_____ Date Zoning & Building OK'd for Property Proceed

_____ Date PFA-Fire OK'd for Property Proceed (i.e. Inspection record is ok)