



**City Clerk**  
 300 LaPorte Avenue  
 PO Box 580  
 Fort Collins, CO 80522  
**970.221.6515**  
 970.221.6295 - fax  
[fcgov.com](http://fcgov.com)

**MARIJUANA BUSINESS LICENSE LETTER OF INTENT**

APPLICANT INFORMATION	
Name of Applicant (list Corporation/LLC/Partnership/Sole Proprietor):	
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 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	

**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](mailto:tgula-yeast@fcgov.com)

\_\_\_\_\_ Date sent to Zoning

\_\_\_\_\_ Date Zoning OK'd to Proceed