



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

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 a complicated application such as an ownership change, modification, or change of location.

Submit a Letter of Intent to the Marijuana Licensing Coordinator: marijuanalicensing@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><u>Social Equity Program:</u> <i>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.</i></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 applied 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"/> New Regulated Marijuana Business License	<input type="checkbox"/> Check your type below
<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"/> Change ownership within the Entity (i.e. add a new person or entity to become a CBO)	
<input type="checkbox"/> Modification of Premises <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of ownership	
<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"/> Other License Type(s):	
PROHIBIT: Medical & Retail Transporter Licenses & Off Premises Storage Permits	

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

Updated October 18, 2022