



**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](mailto:marijuanalicensing@fcgov.com)

**A pre-application meeting will be set up with you to discuss your proposal.**

APPLICANT INFORMATION	
<b>Entity Name: (list Corporation/LLC/Partnership/Sole Proprietor):</b>	
<b>Trade Name: (DBA):</b>	
<b>Physical Address: Proposed Location (Street Address) of the New Marijuana Business:</b>	<b>Business Phone:</b>
<b>Mailing Address (if different from the physical address:</b>	<b>Alternate Phone:</b>
<b>Primary Contact Name and Title:</b>	<b>Email Address:</b>
<p><b><u>Social Equity Program:</u></b> Note: to apply for a license based on the "<b><u>Social Equity Licensee</u></b>" 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><b>Are you seeking a social equity license?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p> <p><b>Have you applied to the State (MED)</b> <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"/> <b>Check ALL your type(s) below</b>
<input type="checkbox"/> Transfer/Change 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):	
<b>PROHIBIT: Medical &amp; Retail Transporter Licenses &amp; Off Premises Storage Permits</b>	

<p><b>Proposed Size and Scope of Operation (attach separate sheet if necessary):</b>  <b>Marijuana-Infused Product Manufactures: What type(s) of extraction will you perform?</b></p>    
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**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 March 14, 2024**