



MARIJUANA LICENSE RENEWAL APPLICATION CHECKLIST

☐ MEDICAL RENEWAL ☐ RETAIL RENEWAL

ENTITY NAME: _____

☐ SHARED Licensed Premises

TRAD NAME (DBA): _____

Applications will be accepted **electronically**. Email marijuanalicensing@fcgov.com to request a secure link.

License Types: check box
<input type="checkbox"/> Stores <input type="checkbox"/> Cultivations <input type="checkbox"/> Manufacturers
City Regulated Marijuana Business License Number (s):
NEW: Modification Reporting: <input type="checkbox"/> yes <input type="checkbox"/> no
Reinstatement of Expired Business License: <input type="checkbox"/> yes <input type="checkbox"/> no
Explain:

City of Fort Collins Marijuana business licenses are valid for **two years**. Applications must be **complete in all aspects**. Please submit your application electronically via email with digital files (saved as PDF) attachments. Organize your application documents in the same order as the checklist below. Due to the amount of time the licensing team takes to review renewal applications, it is recommended that you submit a completed renewal application(s) no later than **45 days** before the expiration of the license and no sooner than **90 days** prior to expiration. Please note: Marijuana Businesses are also required to renew their state-issued license(s). **NOTE: Incomplete applications WILL NOT be processed. All licenses must cease operations upon license expiration.**

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MAIN RENEWAL APPLICATION DOCUMENTS Review CRS 44-10-314-Renewals and Rules 2-225											
	<input type="checkbox"/> Copy of City of Fort Collins License(s): <input type="checkbox"/> A Copy of City renewal extension letter(s) will be provided to Regulated Marijuana Business upon renewal application submittal.										
	<input type="checkbox"/> Copy of MED License(s): MED License Expiration Date(s): _____ <input type="checkbox"/> Copy of MED renewal extension letter(s).										
	Affirmation and Consent (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN: i.e.: Controlling Beneficial Owner)										
	Authorization and Consent to Release Information (Business) (City of Fort Collins) (note: the authorized signer must have the authority to make decisions regarding the license/application)										
	APPLICATION RENEWAL: MED Form DR 8529 License Renewal Application for each license type. Note the MED Amendments DR 0000 (A-D): Publicly Traded Company, etc. <ul style="list-style-type: none">MED Application pages 1-4 & 10 only + supporting documentsNEW: reporting of Modification (Addendum E) Date Ft. Collins rec'd MED (State) Renewal Application: _____										
	Detailed Actions Sheet (if applicable): Have any of the licenses being renewed received any of the following actions from the Marijuana Enforcement Division (MED) or local jurisdiction within the last 12 months ? If answered yes, please attach supporting documents. <table border="0"><tr><td>Order to Show Cause</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td><td rowspan="3">Owners & or MGR initials + Date: _____</td></tr><tr><td>Summary Suspension</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td></tr><tr><td>Administrative Hold</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td></tr></table> <p>Pending violations or warning letters (State and Local) must be reported. Use Detail Action Sheet (DAS) excel separate sheet (see attached document) (Fort Collins Form)</p>	Order to Show Cause	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Owners & or MGR initials + Date: _____	Summary Suspension	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Administrative Hold	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Order to Show Cause	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Owners & or MGR initials + Date: _____								
Summary Suspension	<input type="checkbox"/> YES	<input type="checkbox"/> NO									
Administrative Hold	<input type="checkbox"/> YES	<input type="checkbox"/> NO									
	<input type="checkbox"/> City Sales Tax # (required only for stores): _____ <input type="checkbox"/> State Sales Tax # (required only for stores): _____ Link for Sales Tax: https://www.fcgov.com/salestax/										
	Note: All marijuana businesses will be inspected annually										



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ENTITY NAME: _____

TRAD NAME (DBA): _____

PROPERTY-RELATED DOCUMENTS: MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared License Premises

Location Criteria: check medical code [Sec.15-475](#) and/or check retail code [Sec.15-615](#)

Meets all location criteria under applicable zoning laws. ☐ Yes or ☐ no ☐ NA-cultivation/MIP

Authorization to Use Property for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form).

☐ **STORES:** Property Owner Name/Landlord: _____

☐ **CULTIVATIONS/MIPS:** Property Owner Name/Landlord: _____

Proof of possession of licensed (deed or lease) marijuana business. [CRS 44-10-313(8)(b)]

Applicant has possession of the property by way of: ☐ **Lease** ☐ **Ownership** ☐ **Sublease**

☐ MJ Licensees need to demonstrate a right to occupy their licensed premise at the time of application. **Include all amendments, addendums and extensions.** ☐ **SHARED SPACE**

☐ **STORES:** Lease start date: _____ ☐ Lease end date: _____

☐ Premise Address: _____

☐ **CULTIVATIONS/MIPS:** Lease start date: _____ ☐ Lease end date: _____

☐ Premise Address: _____

NEW: Addendum E-Modification of Premises: report the change in detail.

☐ Yes or ☐ no Floorplan (current) is included ☐

Summarize: _____

BUSINESS ENTITY DOCUMENTS: Review CRS 44-10-308 and CRS 44-10-309

Type of Corporate Structure: **Entity Name:** _____

☐ Corporation ☐ Limited Liability ☐ Company Partnership

Any changes to Business Entity Documents since last renewal?

☐ Yes or ☐ no ☐ If changes, please provide them with your renewal application

Organizational Chart, ☐ NO CHANGES

Including the identity and ownership percentage of all CBO's Controlling Beneficial Owners

☐ Yes changes: summarize: _____

Organizational Documents: if there are changes, supply updated docs ☐ NO CHANGES

☐ Operating Agreement for LLC(s) ☐ Articles of Organization, include amendments

☐ By Laws ☐ Certificate of Authority-if foreign Co.

☐ Partnership Agreement ☐ Articles of Incorporation

☐ Statement of Conversion ☐ Other: i.e. minutes of board meeting, etc.

☐ [Secretary of State](#) **Certificate of Good Standing** for new Entity ☐ **NO CHANGES**

☐ [Secretary of State](#) Statement of **Trade Name** for new entity

☐ [Secretary of State](#) Certificate of Good Standing for a **Foreign Entity** if applicable



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OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) and or Owner Entity (OE)

Provide information for any owner who owns 10% or more of the license. The on-site manager must have the authority to make decisions regarding the licenses [CRS 44-10-307 & 308]

CBO Owner(s). Any owners renewing owner license? ☐ yes ☐ no

If YES, include a copy of MED badge and proof MED renewal payment [refer to MED](#)

☐ Copy of MED owner(s) badge(s) showing expiration date is provided

☐ **MED Owner Entity (OE). Any Owner Entity renewing license.** ☐ yes ☐ no

☐ Copy of MED (OE) letter showing expiration date is provided

NEW. Renewal Addendums A-D: i.e Publicly Traded Company (PTC)

☐ Yes or ☐ No ☐ NA

If YES, include a copy of MED Addendum

Summarize _____

Other information that you want to report to the local licensing authority:

FEES: MUST INCLUDE PROOF OF PAYMENT

Fees DUE AT TIME OF APPLICATION. Please pay fees through an [online payment system](#).

<https://magic.collectorsolutions.com/magic-ui/en-US/Pay/Process/CartInformation>

You have two options: 1. Pay for 2 year license fees or Pay for one year. Fill in table below.

FEES- 2025 +2026-online	<u>Medical</u>	<u>Retail</u>
Renewal Application(s)	<input type="checkbox"/> \$ _____ per license	<input type="checkbox"/> \$ _____ per license
License Fees (see reminder)	<input type="checkbox"/> \$ _____ Store license <input type="checkbox"/> \$ _____ Cultivation <input type="checkbox"/> \$ _____ Cultivation (reduced if tied to store/MIP) <input type="checkbox"/> \$ _____ Manufacture	<input type="checkbox"/> \$ _____ Store license <input type="checkbox"/> \$ _____ Cultivation <input type="checkbox"/> \$ _____ Manufacture
Annual inspection/operating	<input type="checkbox"/> \$ _____ per license _____ # of Licenses renewed	<input type="checkbox"/> \$ _____ Store license <input type="checkbox"/> \$ _____ Cultivation license <input type="checkbox"/> \$ _____ Manufacture license
Paying for 1 year or 2 years	<input type="checkbox"/> 1 year payment <input type="checkbox"/> 2-year payment	<input type="checkbox"/> 1 year payment <input type="checkbox"/> 2-year payment
TOTAL DUE TO CITY		

rec'd date:

If you pay for one year, please pay the second license term the follow year, you will receive a reminder letter. Keep proof of payment and send to <mailto:marijuanalicensing@fcgov.com>

Please note:

The City of Fort Collins reserves the right to request additional information and documentation throughout the course of the application review and must be provided within 7 calendar days of notification. **Keep a copy of the application for your records.**

Legal documents included as part of this application must be properly signed and executed.