



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

License type	Premise address	City of Fort Collins License # and expiration date	MED (State) license # and expiration date
STORE(S)			
CULTIVATION(S)			
MANUFACTURE(S)			
Other info			

City of Fort Collins Marijuana business licenses are valid for **one year**. 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 authority 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 on an annual basis. **NOTE: Incomplete applications WILL NOT be processed. All licenses must cease operations upon license expiration. Tip:** You can use a [free, online tool](#) to merge documents into a single file.

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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 <ul style="list-style-type: none"> Please keep a copy for your records, the MED will send a copy to the City. Be prepared to send additional documents if requested by the local authority. 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? <i>If answered yes, please attach supporting documents.</i> <ul style="list-style-type: none"> 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 _____ 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)
	<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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PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared

	Location Criteria: check medical code Sec.15-475 and/or check retail code Sec.15-615 Meets all location criteria under applicable zoning laws. <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> 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). <input type="checkbox"/> STORES: Property Owner Name/Landlord: _____ Phone # _____ <input type="checkbox"/> CULTIVATIONS/MIPS: Property Owner Name/Landlord: _____ Phone # _____
	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: <input type="checkbox"/> Lease <input type="checkbox"/> Ownership <input type="checkbox"/> Sublease <input type="checkbox"/> MJ Licensees need to demonstrate a right to occupy their licensed premise at the time of application. Include all amendments, addendums and extensions. <input type="checkbox"/> SHARED SPACE <input type="checkbox"/> STORES: Lease start date: _____ <input type="checkbox"/> Lease end date: _____ <input type="checkbox"/> Premise Address: _____ <input type="checkbox"/> CULTIVATIONS/MIPS: Lease start date: _____ <input type="checkbox"/> Lease end date: _____ <input type="checkbox"/> Premise Address: _____
	All License Types: Are/will consumable marijuana or hemp products such as edibles, tincture, capsules, oral sprays, or extracted oil used in edibles ever be produced, stored, or sold at the facility? <input type="checkbox"/> Yes or <input type="checkbox"/> no
	Cultivation Facilities: Do you perform water extractions? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA
	Infused Product Manufacturers: What type(s) of extraction do you perform? <input type="checkbox"/> Butane <input type="checkbox"/> Propane <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Ethanol <input type="checkbox"/> Isopropanol <input type="checkbox"/> Acetone <input type="checkbox"/> Heptane <input type="checkbox"/> Pentane <input type="checkbox"/> Other: _____ <input type="checkbox"/> NONE

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

	Type of Corporate Structure: Entity Name: _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Company Partnership
	Any changes to Business Entity Documents since last renewal? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> If changes, please provide them with your renewal application
	Organizational Chart, Including the identity and ownership percentage of all CBO's Controlling Beneficial Owners <input type="checkbox"/> Publicly Traded Company <input type="checkbox"/>
	Organizational Documents: if there are changes, supply updated docs <input type="checkbox"/> NO CHANGES <input type="checkbox"/> Operating Agreement for LLC(s) <input type="checkbox"/> Articles of Organization, include amendments <input type="checkbox"/> By Laws <input type="checkbox"/> Certificate of Authority-if foreign Co. <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Statement of Conversion <input type="checkbox"/> Other: i.e. minutes of board meeting, etc.
	<input type="checkbox"/> Secretary of State Certificate of Good Standing for new Entity <input type="checkbox"/> NO CHANGES <input type="checkbox"/> Secretary of State Statement of Trade Name for new entity <input type="checkbox"/> 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 Renewal and or Owner Entity Renewal Info: [refer to MED](#)
 Copy of MED owner(s) badge(s) showing expiration date is provided

Owners-CBO & Owner Entity: /% ownership	First and Last Names and % ownership	Owner/Entity license # and expiration date
Onsite contact/Mgr		
Owner 1		
Owner 2		
Owner 3		
Owner 4		
Owner Entity		
Owner Entity		
Owner Entity		

Copy of MED Owner Entity is included or NA

Added info about Owners/Entity that you want to share with licensing Authority:
 Yes or No NA Summarize _____

FEES

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>

FEES- 2024	Medical	Retail
Renewal Application(s)	<input type="checkbox"/> \$268 per license	<input type="checkbox"/> \$536 per license
License Fees (see reminder)	<input type="checkbox"/> \$1072 Store license <input type="checkbox"/> \$1072 Cultivation license <input type="checkbox"/> \$536 Cultivation license (reduced if tied to store/MIP) <input type="checkbox"/> \$1072 Manufacture license	<input type="checkbox"/> \$3216 Store license <input type="checkbox"/> \$2144 Cultivation license <input type="checkbox"/> \$2144 Manufacture license
Annual inspection/operating	<input type="checkbox"/> \$750.00 per license	<input type="checkbox"/> \$5360 Store license <input type="checkbox"/> \$3216 Cultivation license <input type="checkbox"/> \$3216 Manufacture license
TOTAL DUE TO CITY		

Confirmation # _____ **rec'd date:** _____

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.** All applications will be administratively closed if not completed within 12 months.

- **Proof of state license(s)** will need to be submitted, and all the applicable documents will need to be completed and approved, before a license will be issued.
- Legal documents included as part of this application must be properly signed and executed.