

Each owner with 10% or greater financial interest must SIGN Oath

OATH of APPLICATION		
Check Marijuana Application type: Use City of Fort Collins Assigned Marijuana License #'s		
<input type="checkbox"/> New Business License	<input type="checkbox"/> Renew a Business License	<input type="checkbox"/> Transfer of Ownership
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Modification of Premises
<input type="checkbox"/> Manager Registration	<input type="checkbox"/> Trade Name Change <i>If co-located/shared premises-use one form, put both license #s</i>	
Medical License #'s:	Retail License #'s:	
<input type="checkbox"/> Medical Store: _____	<input type="checkbox"/> Retail Store: _____	
<input type="checkbox"/> Medical Cultivation: _____	<input type="checkbox"/> Retail Cultivation: _____	
<input type="checkbox"/> Medical Manufacturer: _____	<input type="checkbox"/> Retail Products Manufacturer: _____	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	
<p>I declare, under penalty of perjury, that the entire foregoing pages, including all statements made and attachments (if any), are true, correct, and complete to the best of my knowledge and belief. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the City of Fort Collins Municipal Code and all Rules and Regulations which govern my Marijuana License Application.</p>		
Authorized Signature:	Title (<i>owner, manager, director, etc.</i>)	% Ownership
Printed Name:	Business (dba):	Date:

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

State of _____)
) ss.
 County of _____)

Subscribed and sworn to before me this ____ day of _____, 20__, by

_____.

 Notary Public

