



AFFIRMATION and CONSENT

Check Marijuana Application type: Use City of Fort Collins Assigned Marijuana License #'s if applicable

- New Regulated Business License(s) Renewal of a Regulated Business License(s)
- Change of Controlling Ownership/Transfer of Ownership
- Disclosure-Changes Exempt from Change of Ownership Application
- Owner-Finding of Suitability: Natural Person Owner-Finding of Suitability: Business Entity

- Modification of Premises Change of Location Report of Trade Name Change

NOTE: the affirmation and consent apply to ALL required forms for each application type.

If co-located/shared premises-use one form, put both license #s

Medical License #'s:

- Medical Store: _____
- Medical Cultivation: _____
- Medical Manufacturer: _____
- Other: _____

Retail License #'s:

- Retail Store: _____
- Retail Cultivation: _____
- Retail Products Manufacturer: _____
- Other: _____

I _____, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. and other applicable criminal charges that the entire License Application, statements, and attachments are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested, may be deemed sufficient cause for the refusal to issue a Marijuana license by the Local Licensing Authority. Further, I am aware that the later discovery of an omission or misrepresentation made in the above statements, may be grounds for denial of a marijuana application or the revocation of the license. I am voluntarily submitting this application to the Fort Collins Marijuana Licensing Authority, under oath, with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues if I hold a Marijuana license from the City of Fort Collins.

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.

Authorized Signature:	Title (<i>owner, manager, director, etc.</i>)	% Ownership
Printed Name:	Business (dba):	Date: