



## MARIJUANA LICENSE RENEWAL APPLICATION CHECKLIST

 MEDICAL RENEWAL

 RETAIL RENEWAL

ENTITY NAME: \_\_\_\_\_

 SHARED Licensed Premises

TRAD NAME (DBA): \_\_\_\_\_

Applications will be accepted electronically. Email [tgula-yeast@fcgov.com](mailto:tgula-yeast@fcgov.com) to schedule an appointment.

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 30 days before the expiration of the license and no sooner than 90 days prior of expiration.** The City Clerk's Office does not provide notary services for application documents. **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

	<b>Oath of Applications</b> (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN: i.e.: Controlling Beneficial Owner)
	<b>Authorization and Consent</b> to Release Information (Business) (City of Fort Collins) (note: the authorized signer must have the authority to make decisions regarding the license/application)
	<b>APPLICATION RENEWAL: MED Form <a href="#">DR 8529</a></b> License Renewal Application for each license type <ul style="list-style-type: none"> <li><b>Must submit separate application for each business license being renewed.</b></li> </ul> Date Ft. Collins rec'd MED (State) Renewal Application: _____
	<b>Detailed Actions Sheet (if applicable):</b> Have any of the licenses being renewed received any of the following actions from the Marijuana Enforcement Division (MED) or local jurisdiction within the <b>last 12 months?</b> <i>If answered yes, please attach supporting documents.</i> <ul style="list-style-type: none"> <li>Order to Show Cause    <input type="checkbox"/> YES    <input type="checkbox"/> NO    Owners &amp; or MGR initials + Date: _____</li> <li>Summary Suspension    <input type="checkbox"/> YES    <input type="checkbox"/> NO    _____</li> <li>Administrative Hold    <input type="checkbox"/> YES    <input type="checkbox"/> NO    _____</li> </ul> <b>Pending violations or warning letters (State and Local) must be reported.</b> <b>Use Detail Action Sheet (DAS) excel separate sheet (see attached document)</b> (Fort Collins Form)
	<input type="checkbox"/> Copy of MED License(s): MED License Expiration Date(s): _____ <input type="checkbox"/> Copy of MED renewal extension letter(s).
	<input type="checkbox"/> City Sales Tax # (required only for stores): _____ <input type="checkbox"/> State Sales Tax # (required only for stores): _____
	<b>Note: All marijuana businesses will be inspected annually</b>



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<b>PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared</b>	
	<b>Location Criteria: check medical code <a href="#">Sec.15-475</a> and/or check retail code <a href="#">Sec.15-615</a></b> Meets all location criteria under applicable zoning laws. <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA-cultivation/MIP
	<b>Authorization to Use Property</b> for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form). <input type="checkbox"/> <b>STORES:</b> Property Owner Name/Landlord: _____ Phone # _____ <input type="checkbox"/> <b>CULTIVATIONS/MIPS:</b> Property Owner Name/Landlord: _____ Phone # _____
	<b>Proof of possession of licensed (deed or lease) marijuana business. [CRS 44-10-313(8)(b)]</b> <b>Applicant has possession of the property by way of:</b> <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. <b>Include all amendments, addendums and extensions.</b> <input type="checkbox"/> <b>SHARED SPACE</b> <input type="checkbox"/> <b>STORES:</b> Lease start date: _____ <input type="checkbox"/> Lease end date: _____ <input type="checkbox"/> Premise Address: _____ <input type="checkbox"/> <b>CULTIVATIONS/MIPS:</b> Lease start date: _____ <input type="checkbox"/> Lease end date: _____ <input type="checkbox"/> Premise Address: _____
	<b>All License Types:</b> 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
	<b>Cultivation Facilities:</b> Do you perform water extractions? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA
	<b>Infused Product Manufacturers:</b> 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
<b>BUSINESS ENTITY DOCUMENTS: Review CRS 44-10-308 and CRS 44-10-309</b>	
	<b>Type of Corporate Structure:</b> <b>Entity Name:</b> _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Company Partnership
	<b>Any changes to Business Entity Documents since last renewal?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> If changes, please provide them with your renewal application
	<b>Organizational Chart,</b> Including the identity and ownership percentage of all CBO's Controlling Beneficial Owners <input type="checkbox"/> Publicly Traded Company <input type="checkbox"/>
	<b>Organizational Documents: if there are changes, supply updated docs</b> <input type="checkbox"/> <b>NO CHANGES</b> <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"/> <a href="#">Secretary of State</a> <b>Certificate of Good Standing</b> for new Entity <input type="checkbox"/> <b>NO CHANGES</b> <input type="checkbox"/> <a href="#">Secretary of State</a> Statement of <b>Trade Name</b> for new entity <input type="checkbox"/> <a href="#">Secretary of State</a> Certificate of Good Standing for a <b>Foreign Entity</b> 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 (i.e.) Key Employee-Manager [CRS 44-10-307 & 308]

**CBO Owner Renewal and 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 license # and expiration date
Onsite contact		
Owner 1		
Owner 2		
Owner 3		
Owner 4		
Owner 5		
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. Separate checks for Medical MJ fees and Retail MJ Fees. If renewing for example 2 medical MJ licenses-you can write one check Checks or money orders only, payable to "City of Fort Collins".**

FEES	Medical	Retail
Renewal Applications	<input type="checkbox"/> \$250 per license	<input type="checkbox"/> \$500 per license
License Fees (see reminder)	\$_____ per license \$_____ per license \$_____ per license	\$_____ per license \$_____ per license \$_____ per license
Annual inspection/operating	<input type="checkbox"/> \$700.00 per license	<input type="checkbox"/> \$_____ per license
<b>TOTAL DUE TO CITY</b>		

Check # \_\_\_\_\_ 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.