



MARIJUANA LICENSE RENEWAL APPLICATION CHECKLIST

MEDICAL RENEWAL
 RETAIL RENEWAL
 ENTITY NAME: _____

Applications will be accepted by **appointment or mail**. Email 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			
CULTIVATION			
MANUFACTURE			
Other			

City of Fort Collins Marijuana business licenses are valid for one year. Applications must be **complete** in all aspects. Please organize your application documents in the same order as the checklist below and place the checklist on top. **Due to the amount of time the licensing authority takes to review renewal applications, it is recommended that applications be submitted 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.**

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MAIN RENEWAL APPLICATION DOCUMENTS Review CRS 44-10-314-Renewals and Rules 2-225	
	Oath of Applications (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 signed must have the authority to make decisions regarding the license/application)
	MED Form DR 8529 License Renewal Application for each license type <ul style="list-style-type: none"> Must submit separate application for each business license being renewed. Single Sided. You can submit a copy from the MED if completed in the last 60 days and no information has changed Date Ft. Collins rec'd MED (State) Renewal Application: _____ OTHERWISE: A new completed DR 8529 form is needed
	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. <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)
	Copy of MED License(s) and or renewal extension letter(s). MED License Expiration of Date: _____



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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). Property Owner Name: _____ Phone # _____
	Proof of possession of licensed (deed or lease) marijuana business. [CRS 44-10-313(8)(b)] <input type="checkbox"/> The business must have legal possession of the licensed premises for at least 1 year after license issuance. Include all amendments, addendums and extensions. <input type="checkbox"/> NO CHANGES <input type="checkbox"/> Deed or lease must be in the name of the marijuana license applicant <input type="checkbox"/> Lease expiration date: _____ <input type="checkbox"/> Premise Address: _____
Note: All marijuana businesses will be inspected annually	
	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 <input type="checkbox"/> Business leases/rent equipment
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
	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"/> 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 Key Employee

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]

	Owner/key employee/% ownership	Name: First and Last	Phone #
	Onsite contact		
	Owner 1		
	Owner 2		
	Owner 3		
	Owner 4		
	Owner 5		
	Owner 6		

If CBO or Key employee has renewed MED badge in last year, please provide a copy of most recent DR 8516 (CBO renewal application form) and or DR 8527-Renewal Key App

DR 8516 CBO renewal app. attached for: _____
 DR 8527 Key renewal app. Attached for: _____

Added info about Owners/key employees to share with licensing Authority: Yes or n/a

FEES

Fees DUE AT TIME OF APPLICATION. Separate checks for each license being renewed
Checks or money orders only, payable to "City of Fort Collins".

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

Check # _____

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.