



MARIJUANA MANAGER REGISTRATION- MEDICAL / RETAIL MARIJUANA BUSINESS

Check License business type: Please also include a copy of your MED Employee License (DR 8517) application <input type="checkbox"/> Medical <input type="checkbox"/> Retail <input type="checkbox"/> Combined License TYPE:			
Ft Collins License #'s: Medical: _____ Retail: _____		MED License #'s: Medical: _____ Retail: _____	
Entity Name: _____ DBA: _____		Manager's Name: First Name, Last Name	
Address of Premises Being Managed by New Manager:		Business phone #:	
New Manager's Cell Phone Number:		New Manager's Email Address:	
Date Manager Assumed Management Duties		Does Manager receive any portion of business sales? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OATH OF LICENSEE (OWNER)			
If there are multiple owners, one owner MUST sign.		Review CRS 44-10-313(12)	
I declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete to the best of my knowledge. 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 become familiar, and comply, with the provisions of the Fort Collins City Code, and the Rules/Regulations of the Colorado Marijuana Code.			
Signature:	Printed Name:	Title	Date

STATE OF _____)
) ss.
COUNTY OF _____)

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

Witness my hand and official seal.

Notary Public