



MARIJUANA LICENSE MANAGER APPLICATION CHECKLIST

MEDICAL MANAGER

RETAIL MANAGER

ENTITY NAME: _____

Applications will be accepted by mail or drop off at the City Clerk's Office front desk. If you need to meet with staff, an **appointment is required**. Email: tgula-yeast@fcgov.com schedule an appointment. Applications must be **complete**.

License type	Premise address	City of Fort Collins License # and expiration date	MED (State) license # and expiration date
STORE			
CULTIVATION			
MANUFACTURE			

Please organize your application documents in the same order as the checklist below and place the checklist on top. Incomplete applications will not be accepted. **The City Clerk's Office will not provide notary services for application documents.**

**Submit applications to: Attention: Marijuana Licensing Coordinator City Clerk's Office
City of Fort Collins, 300 LaPorte Avenue, Fort Collins, CO 80521**

MANAGER REGISTRATION-KEY EMPLOYEE APPLICATION DOCUMENTS		Review Title 44-10-313 (12)		
Form of identification (color photo) for each person: ID MUST BE CURRENT <input type="checkbox"/> MED Badge <input type="checkbox"/> Driver's license or <input type="checkbox"/> OTHER _____				
Oath of Application for each manager (Fort Collins Form)				
Manager Registration Application (City of Fort Collins form)				
COPY OF MED Employee License Application or Employee License Renewal Application				
Manager: Key Employee				
The on-site contact must have the authority to make decisions regarding the licenses (i.e.) Key Employee-Manager [CRS 44-10-307 & 308] Review Title 44-10-313 (12)				
Will manager hold ownership or have any other business interest? <input type="checkbox"/> YES- if yes, other documents are required, please contact licensing coordinator <input type="checkbox"/> NO				
	Type	NAMES of Managers: First and Last	Phone #	EMAIL ADDRESS
	Stores			
	Cultivations			
	Manufacturer			
	Other-Backup			



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FEES														
<p>Fees DUE AT TIME OF APPLICATION. Separate checks for each license type Checks or money orders only, payable to "City of Fort Collins".</p> <p>Manager Registration</p> <table border="1"> <thead> <tr> <th style="color: red;">FEES breakdown</th> <th style="color: purple;">Medical</th> <th style="color: green;">Retail</th> </tr> </thead> <tbody> <tr> <td>Single License per type (i.e. grow)</td> <td><input type="checkbox"/> \$75/license (single type)</td> <td><input type="checkbox"/> \$75/license</td> </tr> <tr> <td>Combined Medical/Retail at SAME location (i.e. Stores) <input type="checkbox"/> \$100/license</td> <td><input type="checkbox"/> \$50/license</td> <td><input type="checkbox"/> \$50/license</td> </tr> <tr> <td>TOTAL DUE TO CITY</td> <td></td> <td></td> </tr> </tbody> </table> <p>Check # _____</p>			FEES breakdown	Medical	Retail	Single License per type (i.e. grow)	<input type="checkbox"/> \$75/license (single type)	<input type="checkbox"/> \$75/license	Combined Medical/Retail at SAME location (i.e. Stores) <input type="checkbox"/> \$100/license	<input type="checkbox"/> \$50/license	<input type="checkbox"/> \$50/license	TOTAL DUE TO CITY		
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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.**