



MARIJUANA LICENSE MANAGER APPLICATION CHECKLIST

MEDICAL MANAGER

RETAIL MANAGER

ENTITY NAME: _____

Applications will be accepted by email. All materials must be digital and saved as .PDF or .jpg.
 Email: tgula-yeast@fcgov.com to submit your application. Applications must be **complete** in all aspects.

| 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.**

Licensees must report change of manager prior to the change.

| MANAGER REGISTRATION-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: Employee | | | | |
| The on-site contact must have the authority to make decisions regarding the licenses (i.e.) Owner-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 payment for Medical MJ fees and Retail MJ Fees is required. For example for combined, shared space i.e. stores: pay \$50 for Medical MJ and \$50 for Retail MJ</p> <p>Checks payable to "City of Fort Collins". Online payment is preferred through e-check or credit card</p> | | |
| FEES breakdown | Medical | Retail |
| Single License per type (i.e. cultivation) | <input type="checkbox"/> \$75/license (single type) | <input type="checkbox"/> \$75/license |
| Combined Medical/Retail at SAME location (i.e. Stores) | <input type="checkbox"/> \$50/license | <input type="checkbox"/> \$50/license |
| <input type="checkbox"/> \$100/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.**