



MARIJUANA LICENSE MANAGER APPLICATION CHECKLIST

MEDICAL MANAGER

RETAIL MANAGER

ENTITY NAME: _____

Applications will be accepted by email through e-file secure portal. All materials must be digital and saved as .PDF or .jpg.

Email: marijuanalicensing@fcgov.com to request 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
STORES			
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 Manager Application-Licensee (owner)					
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 \$52for Medical MJ and \$52for Retail MJ 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"/> \$78/license (single type)	<input type="checkbox"/> \$78/license
Combined Medical/Retail at SAME location (i.e. Stores)	<input type="checkbox"/> \$52/license	<input type="checkbox"/> \$52/license
<input type="checkbox"/> \$/license		
TOTAL DUE TO CITY		
online _____		

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.**