



CHANGE OF LOCATION MARIJUANA APPLICATION CHECKLIST

 MEDICAL COL

 RETAIL COL

ENTITY NAME: _____

Applications will be accepted by **appointment only**. Email tgula-yeast@fcgov.com to schedule an appointment.

License type	CURRENT Premise address	PROPOSED NEW ADDRESS	City of Fort Collins License # and expiration date	MED (State) license # and expiration date
STORE				
CULTIVATION				
MANUFACTURE				
Other Notes:				

Applications must be **complete** in all aspects. [All documents](#) must be typed or legibly printed in ink. 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 MAY NOT move their licensed premises until approved by state and local authorities.**

MAIN APPLICATION DOCUMENTS: Change of Location: review: CRS 44-10-313 (13)	
MED rules Section 2-255: Change of Location of Regulated Marijuana Business	
	Oath of Application (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN: i.e.: Controlling Beneficial Owner)
	Report of Changes Application (DR 8545). The same identical application form should be submitted to the MED. Review: Rules: Section 2-255 and Rule 3-225, and (Rule 3-215: Shared Licensed Premises if applicable)
	Supporting documents: Name of Supporting document(s): _____ Any other documents that may be necessary to support the location change i.e. State Approval Letter or MED COL Permit for each license <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA
	Cultivation Facilities: MED Transition Permit <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA Rule 2-255 (D)
PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises	
	Location Criteria: is the new location in the proper zone? 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/Manufacturer
	Zoning Report: To be submitted to the Zoning Department for its review and comment and submitted by the applicant as part of the application (Fort Collins Form). Note: If Zoning indicates applications/approvals are needed, they MUST be completed prior to application submission. Development approvals (if required) <input type="checkbox"/> Attached Zoning Report <input type="checkbox"/> Site Plan Included if applicable
	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 # _____



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	PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises										
	PROPOSED: Floor plan: (follow floor plan & video plan requirements) of <u>NEW location</u> A "to scale" diagram of the <u>proposed</u> licensed premises, no larger than 11" x 17", showing the proposed changes and labeled as " <i>PROPOSED</i> "										
	<input type="checkbox"/> Floor Plan has been accepted by Police Services, as evidenced by Enforcement Officer's signature on floor plan. Date Accepted by Police: _____										
	Proof of possession of licensed (deed or lease) marijuana business. [CRS 44-10-313(8)(b)] <ul style="list-style-type: none"> The business must have legal possession of the licensed premises for at least 1 year after license issuance. Include all amendments, addendums and extensions. Deed or lease must be in the name of the marijuana license applicant <input type="checkbox"/> Lease expiration date: _____ <input type="checkbox"/> Premise Address: _____										
	Will consumable marijuana or hemp products such as edibles, tinctures, capsules, oral sprays, or extracted oil in edibles ever be produced, stored, or sold at the facility? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA										
	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										
FEES & Other documents											
	Fees DUE AT TIME OF APPLICATION. <u>Separate checks for each license application.</u> Checks or money orders only, payable to "City of Fort Collins". <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="color: red;">FEES</th> <th style="color: blue;">Medical</th> <th style="color: green;">Retail</th> </tr> </thead> <tbody> <tr> <td style="color: red;">Modification Applications</td> <td><input type="checkbox"/> \$1000</td> <td><input type="checkbox"/> \$1000</td> </tr> <tr> <td style="color: red;">Check #</td> <td></td> <td></td> </tr> </tbody> </table> Date Received in Clerk's Office: _____		FEES	Medical	Retail	Modification Applications	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1000	Check #		
FEES	Medical	Retail									
Modification Applications	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1000									
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.**

- Proof of state approval** of the proposed location change will need to be submitted, and all the applicable inspections will need to be completed and approved, before the City will update licensee file and or amend the license to reflect completed change of location. Review **CRS 44-10-304 and 305**
- Applications will be administratively closed if the application process has not been completed within 12 months.
- Legal documents included as part of this application must be properly signed and executed

It is recommended that you retain an attorney to assist you with this application process. No city staff member is permitted to provide any legal advice regarding the marijuana business license application, or any documents submitted. The applicant is responsible for compliance with all code and rule requirements. It is also recommended that you enlist the services of a professional to develop plans for the building, zoning, and fire prevention elements of your building.

- Internal Use:** Date zoning approved: _____