



Updated April 8, 2019

Applicant Business: \_\_\_\_\_

**MEDICAL and RETAIL MARIJUANA  
CHANGE OF LOCATION CHECKLIST (COL)**

Applications will be accepted by **appointment only**. Call 970-416-4206 to schedule an appointment.

Date of appointment: \_\_\_\_\_ License # & Type: \_\_\_\_\_  
 Sales Tax #'s: Medical \_\_\_\_\_ Retail#: \_\_\_\_\_ State License # & Type: \_\_\_\_\_

**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.**

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.

MAIN APPLICATION DOCUMENTS	
Review: Rules: Medical: M 206, M 302(B), M 304.1 (Shared Licensed Premises) and Retail: R 206, R 301, R 302(B), R 304 (Shared Licensed Premises) and CRS 44-11-310 and Title 44-12-309	
	Oath of Application (Fort Collins Form) (note: 1 per application is required)
	Authorization and Consent to Release Information (Business) (City of Fort Collins)
	Report of <a href="#">Changes Application (DR 8545)</a> . <b>The same identical application form should be submitted to the MED. Date Ft. Collins rec'd MED (State) Application: _____</b> <b>Must submit separate application for each business license. Single Sided.</b>
	<b>Supporting documents: Name of Supporting document(s): _____</b> Any other documents that may be necessary to support the change of location application
	Fees (certified funds or money order only, payable to "City of Fort Collins") <ul style="list-style-type: none"> <li>Application fee of \$1000 per license      Note: application fees are <b>non-refundable</b></li> </ul>
	Sales Tax licenses (City & State) MUST be notified of new address after the move.
PROPERTY-RELATED DOCUMENTS	
	<b>Zoning Report:</b> 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). <b>Note: If Zoning indicates applications/approvals are needed, they MUST be completed prior to application submission. Development approvals (if required)</b> <input type="checkbox"/> Attached
	<b>Location Criteria: <a href="#">Sec.15-475</a></b> Meets all location criteria under applicable zoning laws. <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA-cultivation/MIP

**Change of Location Checklist: Medical & Retail Marijuana**

- **Internal Use:** Date zoning approved: \_\_\_\_\_
- Date sent to licensing Authority: \_\_\_\_\_



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	<p><b>Site plan:</b> A “to scale”, no larger than 11" x 17", for the parcel on which the business will be located showing the parcel lot lines, location of the building on the site, location of the tenant space within the building (if leasing a portion of the building); and loading zones. Aerial photos and internet graphics are not acceptable.</p> <p><b>Attached to Zoning report:</b> <input type="checkbox"/> Yes or <input type="checkbox"/> no</p>
	<p><b>Floor Plan:</b> A “to scale” diagram of the <b>proposed</b> licensed premises, no larger than 11" x 17", showing building layout, all entryways and exits, loading zones, and all areas in which marijuana will be stored, grown, manufactured or sold, is attached and labeled as <b>“PROPOSED”</b> (follow floor plan &amp; video plan requirements)</p> <p><b>Note: Marijuana Enforcement officer MUST “sign-off” on your “proposed” floorplan</b></p> <p><input type="checkbox"/> Floor Plan has been accepted by Police Services, as evidenced by Enforcement Officer’s signature on floor plan. <b>Date Accepted by Police:</b> _____</p>
	<p><b>Authorization to Use Property</b> for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form).</p> <p>Written consent of owner to lease property to a marijuana establishment</p>
	<p><b>Proof of possession of property (deed or lease)</b> for NEW Premises marijuana business.</p> <p><b>New premise Address:</b> _____ <b>Lease expiration date:</b> _____</p> <ul style="list-style-type: none"> <li>Leases must be current and valid for at least one (1) year from date of execution of the lease and long enough to cover the term of the renewed license. Option-to-lease documents are not acceptable. Include all amendments, addendums and extensions.</li> </ul> <p>Deed or lease must be in the name of the marijuana license applicant</p>
	<p><b>Poudre Fire Authority (PFA) Forms: to be reviewed and initialed by applicant</b></p> <ul style="list-style-type: none"> <li>Code Requirements for Marijuana Grow Operations</li> <li>Code Requirements for Marijuana Manufacturer Facility (MIP)</li> <li>Fire Prevention Policy</li> </ul> <p><input type="checkbox"/> Attached <input type="checkbox"/> Documentation has been forwarded to PFA</p>
	<p><b>All License Types:</b> Are/will consumable marijuana or hemp products such as edibles, tincture, capsules, oral sprays, or extracted oil used in edibles ever be produced, stored, or sold at the facility? <input type="checkbox"/> Yes or <input type="checkbox"/> no</p>
	<p><b>Cultivation Facilities:</b> Do you perform water extractions?  <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p>
	<p><b>Infused Product Manufacturers:</b> What type(s) of extraction do you perform?</p> <p><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</p> <p><input type="checkbox"/> Heptane <input type="checkbox"/> Pentane <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> Business leases/rent equipment</p>

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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.**

- **Proof of state approval** of the proposed change of location will need to be submitted, and **all the applicable inspections will need to be completed and approved, before a license will be issued.**
- May not move the licensed premises until approved by state and local authorities. May be required to show proof of : i.e Certificate of Occupancy, obtain building permits and fire inspections, etc.
- **Must notify Sales Tax office of new location after move**
- Review Rules and Regulations
  - [Medical Rules](#)
  - [Retail Rules](#)
- Applications will be administratively closed if the application process has not been completed within 12 months.

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