



MARIJUANA LICENSE LOCATION CHANGE APPLICATION CHECKLIST

MEDICAL Location

RETAIL location

ENTITY NAME: _____

SHARED Licensed Premises

TRADE NAME (DBA): _____

Applications will be accepted electronically. Email marijuanalicensing@fcgov.com application and supporting documents.

A [letter of intent](#) and a pre-application meeting is required as part of the City of Fort Collins application process.

A **Location Change**: review [MED rules Section 2-255](#)

License type	Current premise address	Proposed NEW Premise address	City of Fort Collins License # and expiration date	MED (State) license # and expiration date
STORE(S)				
CULTIVATION(S)				
MANUFACTURE(S)				
Other info				

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. **NOTE: Incomplete applications WILL NOT be processed. All materials must be digital files and saved as .pdf files. Legal documents must be properly signed and executed. Businesses may not operate until approved by state and local authorities and have final inspections.**

Tip: You can use a [free, online tool](#) to merge documents into a single file.

NOTE: Licensees may not move their licensed premises until approved by state and local authorities.

MEDICAL Location change

RETAIL Location change

SHARED Licensed Premises

MAIN APPLICATION DOCUMENTS: Change of Location: review: CRS 44-10-313 (13)

[MED rules](#) Section 2-255: Change of Location of Regulated Marijuana Business

	Letter of Intent: _____ Pre-Application Meeting Date(s): _____ <i>Note: if your project is becoming longer than 90 days, an updated application meeting is necessary</i>
	<input type="checkbox"/> Copies of Licenses-City of Fort Collins <input type="checkbox"/> Copies of Licenses-State-MED (Marijuana Enforcement Division) Provide this since your address is changing.
	Affirmation and Consent (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN THE FORM!) i.e.: Controlling Beneficial Owner or Owner Entity Representative)
	APPLICATION: MED Forms, Report of Changes (DR8545) Section 2-255 and Rule 3-225, and (Rule 3-215: Shared Licensed Premises if applicable) Date Ft Collins rec'd MED (State) Application(s): _____ Notes: _____
	Supporting Documents (if applicable): Any other documents that may be necessary to support the application(s). See examples below: <input type="checkbox"/> MED approval Letters for report of changes <input type="checkbox"/> MED Change Location Permits (if applicable) <input type="checkbox"/> cover letter to local authority explaining change (if applicable) <input type="checkbox"/> building permit (if applicable)



MARIJUANA LICENSE LOCATION CHANGE APPLICATION CHECKLIST

 MEDICAL Location

 RETAIL location

ENTITY NAME: _____

 SHARED Licensed Premises

TRADE NAME (DBA): _____

	<input type="checkbox"/> certificate of occupancy (if applicable) <input type="checkbox"/> fire documents (if applicable) <input type="checkbox"/> other: name of supporting document(s): _____
	Cultivation Facilities: MED Transition Permit <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA <i>Rule 2-255 (D)</i>
PROPERTY—Location, Zoning and building information	
	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/MIP <input type="checkbox"/> STORES: Address of NEW Property: _____ <input type="checkbox"/> CULTIVATIONS/MIPS: Address of NEW Property: _____
	Zoning Report: To be submitted to the Zoning Department for its review and comment and submitted by the applicant as part of the application <input type="checkbox"/> Zoning Report <input type="checkbox"/> Site plan included Note: If Zoning indicates applications/approvals are needed, they MUST be completed prior to business license application submission. Date Ft. Collins rec'd Zoning Report: _____ <input type="checkbox"/> Sign Permit is required (review sign regulations in City's Land Use Code) Notes: _____
	Building Services: changes to building/space and or changing function or occupancy or use of space. A building permit may be required. Please review building website . Building Code <input type="checkbox"/> Change of use is required (i.e. changing the use of existing structure: converting a restaurant into an marijuana cultivation) Building Permit Link to application <input type="checkbox"/> Change occupancy by the international building code: Building Permit Link Notes: _____
Property: FLOOR PLAN: Ref: MED rules Sec 3-220, Sec 3-225	
Note: All marijuana businesses will be inspected. It is recommended that applicants enlist the services of a professional to develop plans for the building, zoning, fire and health elements of the building. Several city departments will sign off on all marijuana businesses. Ref: MED rules Sec 3-305	
It is preferred and strongly recommended that you submit plans that have been prepared digitally, separate floors must be shown on separate pieces of paper and clearly identified	
	Floor Plan: PROPOSED (follow floor plan & video plan requirements) must be in color- A "to scale" diagram of the proposed licensed premises, no larger than 11" x 17", showing the proposed changes and labeled as " PROPOSED " Must be clearly labeled. <input type="checkbox"/> Date Proposed Floorplan received: _____
	Floor Plan: POLICE APPROVED <input type="checkbox"/> Date Approved by Police: _____
PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared	
	Authorization to Use Property for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form). <input type="checkbox"/> SHARED SPACE The Property Owner/Landlord and any Sublessor understand that the Applicant intends to use the property for the activities pertaining to: <input type="checkbox"/> STORES: Property Owner Name/Landlord: _____ <input type="checkbox"/> CULTIVATIONS/MIPS: Property Owner Name/Landlord: _____



MARIJUANA LICENSE LOCATION CHANGE APPLICATION CHECKLIST

MEDICAL Location

RETAIL location

ENTITY NAME: _____

SHARED Licensed Premises

TRADE NAME (DBA): _____

Possession Details: of marijuana business. [CRS 44-10-313(8)(b)] SHARED SPACE
Include all amendments, addendums and extensions.
 Applicant has possession of the property by way of: Lease Ownership Sublease
 MJ Licensees need to demonstrate a right to occupy their licensed premises at the time of application.
 STORES: Lease start date: _____ Lease end date: _____
 Premise Address: _____
 CULTIVATIONS/MIPS: Lease start date: _____ Lease end date: _____
 Premise Address: _____

Property FIRE RELATED DOCUMENTS: Review International Fire Code on Plant Extractions Ch. 39

Poudre Fire Authority (PFA) Forms to be review and initialized by applicant. NA- Stores only
 For Cultivations and Manufacturing licensees. Complete the form(s) and send back with your local City of Fort Collins application(s). Reference: [Review Fire Code](#)
[Review International Fire Code \(IFC\): Plant Extractions](#)
 (note: the authorized signer must have the authority to make decisions regarding the license/applications)
 Code Guidance for Plant Cultivation Operations: *requires initials/signature*
 Code Guidance for Plant Extraction/ Manufacturer Facility (MIP): *requires initials/signature*
 NOTES: _____

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?
 Yes or no NA

Cultivation Facilities: Do you perform water extractions?
 Yes or no NA

Infused Product Manufacturers: What type(s) of extraction do you perform?
 Butane Propane Carbon Dioxide Ethanol Isopropanol Acetone
 Heptane Pentane Other: _____
 NONE Business leases/rent equipment

FE FEES

Fees DUE AT TIME OF APPLICATION. Separate payment for Medical MJ fees and Retail MJ Fees is required.
 If applying for example 2 medical MJ licenses-you can pay for both licenses online and or by check.
 Checks or money orders only, payable to "City of Fort Collins". [Online payment is preferred method](#)

FEES	Medical	Retail
Location Change Applications	<input type="checkbox"/> \$_____/license _____: # of licenses	<input type="checkbox"/> \$_____/license _____: # of licenses
Total due to City		
Online Payment Date received		



MARIJUANA LICENSE LOCATION CHANGE APPLICATION CHECKLIST

MEDICAL Location

RETAIL location

ENTITY NAME: _____

SHARED Licensed Premises

TRADE NAME (DBA): _____

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.