



**MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST
and EXEMPTIONS from CHANGE OF OWNER APPLICATION**

- ☐ **MEDICAL OWNER CHANGE** ☐ **RETAIL OWNER CHANGE** ENTITY NAME: _____
☐ **SHARED Licensed Premises** TRADE NAME (DBA): _____

Applications will be accepted **electronically**. Email marijuanalicensing@fcgov.com to request a secure link.

Purpose: Application type: I am filling this application to: first check the guidance on when to Submit Change of Ownership. Check the box for your type of change below.

- ☐ **Add a new person (10%>) or entity to become a Controlling Beneficial Owner(s)(CBO).**
☐ **Business wishes to remove an existing owner and/or entity who will not remain CBO**

MED Exemptions to Change of Owner Applications. See MED DISCLOSURE Form: Review Rule 2-245(C)

- ☐ **Change of business entity type (i.e. convert an LLC to a Corporation).**
☐ **Change of legal entity name: CURRENT NAME: _____ PROPOSED NAME: _____**
☐ **Changing Entity Jurisdiction (MJ business or Controlling Beneficial Owners): changing its entity jurisdiction to one of the states**
☐ **Change the ownership percentages of existing owners. i.e. Reallocation of owner interests**
☐ **Change Executive officer (add and remove)** ☐ **Change of member of Board of Directors**

License Types: check box
<input type="checkbox"/> Stores <input type="checkbox"/> Cultivations <input type="checkbox"/> Manufacturers
Regulated Marijuana Business License Number (s):
Info to share with local authority:

NOTE: Incomplete applications WILL NOT be processed. All materials must be digital files and saved as .pdf files and on 8.5x11 inch paper. Legal documents must be properly signed and executed. Licensees MUST report all changes in ownership and must include all documents.

APPLICATION DOCUMENTS and Required Disclosures *Review CRS 44-10-311-313 and CCR 212-3*

	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. Keep us informed!</i> <input type="checkbox"/> NA for Changes that are Exempt from COO
	<input type="checkbox"/> Copies of Licenses-City of Fort Collins (if changing Entity-i.e. from LLC to Corp)
	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 (note: if no individual owns 10% or more, someone from the Entity MUST SIGN: i.e. Chief Executive Officer/Director/Board Member
	Authorization and Consent to Release Information (Business) (City of Fort Collins Form) (note: the authorized signer must have the authority to make decisions regarding the license/application)
	APPLICATION: <u>MED Forms</u> DR8535 Change of Controlling Beneficial Ownership Application for each license type. Review MED GUIDANCE & Rules Sec: 2-200 Series <input type="checkbox"/> NA for Exempt Date Ft. Collins rec'd MED (State) Application(s): _____
	MED Form DR 8563: <u>Disclosure Form: exempt from the Change of Ownership Application.</u> <u>Review Rule 2-245(C), 1 CCR 212-3.</u>



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TRADE NAME (DBA): _____

	Date Ft. Collins rec'd MED (State) Disclosure: _____ <input type="checkbox"/> Change of Legal Name <input type="checkbox"/> Change of Entity Type <input type="checkbox"/> Change of Entity Jurisdiction <input type="checkbox"/> Reallocation of Owner Interests Among Existing Controlling Beneficial Owners <input type="checkbox"/> Change Executive officer <input type="checkbox"/> Change of member of Board of Directors
	Supporting Documents (if applicable): Any other documents that may be necessary to support the application(s). See examples below: <input type="checkbox"/> cover letter to the local authority explaining change <input type="checkbox"/> promissory note <input type="checkbox"/> MED approval letters <input type="checkbox"/> Asset purchase agreement <input type="checkbox"/> resignation letter <input type="checkbox"/> contracts or agreements (i.e. Medical Manuf & store: ref: CRS44-10-503(3)) <input type="checkbox"/> other: name of supporting document(s): _____
PROPERTY-RELATED DOCUMENTS: MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared	
	Updated property documents are required if <u>Legal Entity Name is Changing</u>. <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA includes: Lease and property authorization form
BUSINESS ENTITY DOCUMENTS: Review CRS 44-10-308 and CRS 44-10-309 If you do not know which entity type applies to your business or organization, contact the Colorado Secretary of State's Office https://www.sos.state.co.us/	
	Type of Corporate Structure: _____ Entity Name: _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Company Partnership
	Publicly Traded Company (CRS 44-10-309(I)) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	Organizational Chart , including the identity and ownership percentage of all CBO's (Controlling Beneficial Owners and Entities) CRS 44-10-309(a) <input type="checkbox"/> Org Chart(s) included <input type="checkbox"/> notes: _____
	Organizational Documents: <input type="checkbox"/> notes: _____ <input type="checkbox"/> Operating Agreement for LLC(s) <input type="checkbox"/> Articles of Organization, include amendments <input type="checkbox"/> By Laws <input type="checkbox"/> Certificate of Authority-if foreign Co. <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Shareholder Agreement <input type="checkbox"/> Statement of Conversion <input type="checkbox"/> Other: i.e. minutes of board meeting, etc. Corporate Governance Documents Include which document is being provided) <input type="checkbox"/> Required for Publicly Traded Companies <input type="checkbox"/> Permitted, but not required for privately held co.
	<input type="checkbox"/> City Sales Tax # (required only for stores): _____ (Ref: City Sales Tax Link) <input type="checkbox"/> State Sales Tax # (required only for stores: _____ (Ref: CO Dept of Revenue) Used to verify tax compliance. If the entity's name is changing, Sales tax must be notified.



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<input type="checkbox"/> Secretary of State Certificate of Good Standing for new Entity
<input type="checkbox"/> Secretary of State Statement of Trade Name for new entity
<input type="checkbox"/> Secretary of State Certificate of Good Standing for a Foreign Entity if applicable
Asset Purchasing Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (required if ownership percentages are changing or any shares of the business were sold) Or Merger agreement , sales contract or any other document necessary to effectuate the change of owners. Other contracts: any agreements, financial agreements; promissory notes if applicable
In the event that a person is leaving the entity , proof that the departure is voluntary (for example, a letter of resignation)
For a Limited Liability Company: if there are multiple LLCs, please include all information <input type="checkbox"/> Articles of organization, including amendments <input type="checkbox"/> Operating agreement for LLC(s) <input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years
For a Corporation: <input type="checkbox"/> Articles of incorporation-must be stamped by Secretary of State <input type="checkbox"/> Articles of organization, including amendments <input type="checkbox"/> Operating agreement <input type="checkbox"/> Minutes of first board meeting- for new corporations less than 2 years old <input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years
For a Limited Liability Partnership: <input type="checkbox"/> Articles of partnership-must be stamped by Secretary of State <input type="checkbox"/> Articles of organization, including amendments <input type="checkbox"/> Operating agreement <input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years
For a Partnership: <input type="checkbox"/> A partnership agreement <input type="checkbox"/> Proof of registration with the Colorado Secretary of State & Operating agreement
For an Association or Other Entity: <input type="checkbox"/> copy of agreement(s) creating association or relationship between parties
OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) and or Owner Entity (OE) Provide information for any owner who owns 10% or more of the license. The <u>on-site manager</u> must have the authority to make decisions regarding the licenses [CRS 44-10-307 & 308]; Sec 15-474 & Sec 15-614
Review MED Marijuana Business Owners Page The City of Fort Collins will complete finding of suitability natural persons (Criminal Background Checks) on all CBO's with <u>10% or more ownership</u> . <u>Do not include</u> indirect financial interest holders Finding Suitability of Owner Entity's (Business Entity's) will be completed with the MED.
IF owners have already been VETTED with the CITY OF FORT COLLINS, PLEASE ONLY



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PROVIDE A COPY OF THEIR MOST RECENT MED BADGE showing the expiration date.

If they have NOT been VETTED with the City and they hold 10%> interest a CBI is necessary. Provide all necessary information. Follow instructions on electronic fingerprinting.

Ownership Information: Regulated Marijuana Business: CBO's

Non-Resident Owner(s): ☐ Yes or ☐ no ☐ NA

Name of Non-Resident Owner w/10%: _____ & State reside in: _____

☐ **Social Equity License-Eligibility-** review [MED link](#) ☐ Yes or ☐ no

If your change of ownership information constitutes a change in Social Equity Applicant Status, please provide Proof of eligibility for any social equity licensee listed in the ownership structure

Controlling Beneficial Owners: Ref: [MED Business Owner Page](#)

☐ Copy of **MED owner(s)** badge(s) showing expiration date is provided.

☐ Copy of **MED owner(s) entity (OE)** approval letters

Fingerprinting with [Third Party Fingerprint Providers](#) such as: [IdentoGO](#) or [CO Fingerprinting](#): Note: you will need to create an account and follow steps. [follow separate instruction sheet](#). Service code: 25YQ8H

Enter CBI Account Number (CONCJ6192)

If you are outside of Colorado: follow Colorado Non-Resident Cardscan

This is for finding of suitability: Natural Person

Form of Identification (must include a photo) for each person that owns 10%> only.

COLOR copy please on 1 page passport ☐ Driver's license

☐ **MED Owner Badge(s)** ☐ **State Issued Picture ID** ☐ A military ID card

☐ An alien registration card (Green Card)

**OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) and
or Owner Entity (OE)**

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)

Suitability Application for Natural Person (by Controlling Beneficial Owner (CBO))

Authorization and Consent to Release Information (Individual) (Fort Collins Forms)

☐ Copy of Finding Suitability-Natural Person [MED Form: DR 8520](#)

[MED Business owners page](#)

☐ **MED approval** for suitability for Natural person, must provide this when ready

☐ Copy of **MED Finding Suitability-Owner Entity (OE): [MED FORM: DR 8557](#) pgs 1-5**

☐ MED approval for (OE)-ENTITY'S Suitability Letter attached



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FEES		
Fees DUE AT TIME OF APPLICATION. Pay City Marijuana License Fees online Checks or money orders, payable to "City of Fort Collins". Online payment is preferred method Please also refer to the City's Fee schedule online Medical MJ and Retail MJ		
FEES: click links for local fees	Medical	Retail
Change of Controlling Beneficial Owner Applications Application fees are non-refundable MED Exemptions for change of ownerships	<input type="checkbox"/> \$_____/license _____:# of Licenses <input type="checkbox"/> \$_____/license-EXEMPTION	<input type="checkbox"/> \$_____/license _____:#of Licenses <input type="checkbox"/> \$_____/license-EXEMPTION See MED Fee Schedule
TOTAL DUE TO CITY		
date received		

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 new changes to the regulated marijuana business will need to be submitted, and all the applicable **inspections** will need to be completed and approved, **before the City will issue** a local license(s)
- 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.

If you have any questions, please Email marijuanalicensing@fcgov.com