



NEW MARIJUANA BUSINESS APPLICATION CHECKLIST

MEDICAL NEW MJ BUSINESS **RETAIL NEW** ENTITY NAME: _____
 SHARED SPACE-CO-LOCATED TRADE NAME (DBA): _____

Applications will be accepted via **email (electronic)**. For New retail MJ business, submit a completed state application form along with all supporting documents and application fees to the State of Colorado's [Marijuana Enforcement Division](#)
Submittal: email completed application(s) and all supporting documents to: tgula-yeast@fcgov.com

License type	PREMISE MJ ADDRESS	MED (State) license # and expiration	NOTES:
STORES: currently capped			Not accepting applications, except for transfers of ownership only, or existing business to add RMJS
CULTIVATIONS			Retail: only if licensed as retail store or manufacturer
MANUFACTURES			Under same ownership
TESTING			
OPERATORS			
RESEARCH & DEVELOPMENT			
Other Notes: shared with Lic # + type			

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 operate until approved by state and local authorities and have final inspection.** **MEDICAL MJ** **RETAIL MJ APP**

MAIN APPLICATION DOCUMENTS: New application: review: CRS 44-10-313 (13)	
MED rules Section 2-255: Regulated Marijuana Muni Code: Medical: FCMC 15-472 Retail: FCMC 15-612	
	Letter of Intent Date rec'd: _____
	Oath of Applications (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN: i.e.: Controlling Beneficial Owner)
	Authorization and Consent to Release Information (Business) (City of Fort Collins) (note: the authorized signer must have the authority to make decisions regarding the license/application or address issues)
	MED Form: New Regulated Marijuana Business License Application (DR 8548). The same identical application form should be submitted to the MED. Review: Rules: Date Ft. Collins rec'd MED (State) Application: _____
	Supporting documents: Name of Supporting document(s): _____ Any other documents that may be necessary to support the application i.e. MED State Approval Letter for each license <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA Other:
	Other: Contracts: any agreements, financial agreements: Promissory Note, other: contract with Medical Manufacturer and store: Review CRS 44-10-503(3) <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA
	Sales Tax: <input type="checkbox"/> City FTC application <input type="checkbox"/> State Sales Tax #: provide copy



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PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared	
	<p>Location Criteria: is the 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</p>
	<p>Zoning Report: To be submitted to the Zoning Department for its review & comment & submitted by the applicant as part of the application (Fort Collins Form). Date rec'd Zoning: _____ Note: If Zoning indicates applications/approvals are needed, they <u>MUST</u> be completed prior to application submission. Development approvals (if required) <input type="checkbox"/> Attached Zoning Report <input type="checkbox"/> Site Plan Included if applicable Notes:</p>
	<p>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 # _____</p>
	<p>Lease/Deed: Proof of possession of licensed marijuana business. [CRS 44-10-313(8)(b)] <input type="checkbox"/> The business must have legal possession of the licensed premises for at least 1 year after license issuance. Include all amendments, addendums and extensions. <input type="checkbox"/> Deed or lease must be in the name of the marijuana license applicant <input type="checkbox"/> Lease expiration date: _____ <input type="checkbox"/> Premise Address: _____</p>
	<p>Floor plan: PROPOSED: (follow floor plan & video plan requirements) must be in color-1 page only 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.</p>
	<p><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: _____</p>
	<p>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.</p>
FIRE-RELATED DOCUMENTS: Review International Fire Code on Plant Extractions: Ch 39	
	<p>Poudre Fire Authority (PFA) Forms: to be reviewed and initialed by applicant <input type="checkbox"/> Fire Prevention Policy: all license applications must review <input type="checkbox"/> Extraction Operations: Manufacturing <input type="checkbox"/> NA <input type="checkbox"/> Code Requirements for Marijuana Grow Operations: requires initials/signature <input type="checkbox"/> NA <input type="checkbox"/> Code Requirements for Marijuana Manufacturer Facility (MIP): requires initials/signature <input type="checkbox"/> NA <input type="checkbox"/> Attached <input type="checkbox"/> Documentation has been forwarded to PFA</p>
	<p>All License Types: 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>Cultivation Facilities: Do you perform water extractions? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p>
	<p>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</p>



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BUSINESS ENTITY DOCUMENTS: Review CRS 44-10-308 and CRS 44-10-309	
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 or <input type="checkbox"/> no <input type="checkbox"/> NA	
Organizational Chart , Including the identity and ownership percentage of all CBO's (Controlling Beneficial Owners)	
Organizational Documents:	
<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"/> Statement of Conversion <input type="checkbox"/> Other: i.e. articles of amendment/ board meeting,	
<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	
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	



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OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) and or Key Employee			
Provide information for any owner who <u>owns 10% or more</u> of the license. Owner %'s should MATCH structure that was provided to MED. You MUST designate an on-site MANAGER for the business. The on-site MGR must have the authority to make decisions regarding the licenses [CRS 44-10-307 & 308 & 313(12)] & Sec 15-474 & 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 10% or more ownership. Please do not include indirect financial interest holders			
Existing business owner(s) wishing to add new license type. Attached additional pages if necessary <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> Copy of most recent MED Badge included			
	% ownership	Name: First and Last	Phone #
	Onsite MGR:		
	Owner 1:		
	Owner 2:		
	Owner 3:		
	Owner 4:		
	Owner 5:		
	Owner 6:		
Form of Identification (must contact a photo) for each person: COLOR copy please on 1 page <input type="checkbox"/> Driver's license <input type="checkbox"/> State Issued Picture ID <input type="checkbox"/> Valid passport Other: copy of MED badge (if applicable, include this copy of MED badge) <input type="checkbox"/> NA <input type="checkbox"/> A military identification card <input type="checkbox"/> An alien registration card (Green Card)			
<input type="checkbox"/> Social Equity License-Eligibility- review MED link			
Ownership Information: Regulated Marijuana Business: CBO's			
Non-Resident Owner(s): <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA Name of Non-Resident Owner w/10%: _____ & State reside in: _____			
Oath(s) of Suitability Application for Natural Person (by Controlling Beneficial Owner (CBO)) <input type="checkbox"/> Authorization and Consent to Release Information (Individual) (Fort Collins Forms)			
<input type="checkbox"/> Copy of Addendum to DR 8520 Suitability Application for Natural Person (Fort Collins Form) <input type="checkbox"/> Supporting documents are attached			
<input type="checkbox"/> Copy of DR 8520 Suitability Application for Natural Person (formerly Associated Key Application-CBO) <input type="checkbox"/> MED approval for suitability for Natural person attached if available			
<input type="checkbox"/> Copy of DR 8557 ENTITY Suitability Application pgs 1-5 <input type="checkbox"/> MED approval for ENTITY Suitability Letter attached			
Fingerprinting with <u>Third Party Fingerprint Service</u> such as: <u>IdentoGO</u> or <u>CO Fingerprinting</u>: follow separate instruction sheet			



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FEES		
Fees DUE AT TIME OF APPLICATION. <u>Separate checks</u> for each license application. Checks or money orders only, payable to "City of Fort Collins".		
FEES	Medical	Retail: New app fees are paid to MED
NEW Business License Applications Application fees are non-refundable	<input type="checkbox"/> Store: \$2000 <input type="checkbox"/> Cultivation: \$2000 <input type="checkbox"/> Cultivation: \$1000 (\$ reduced if tied to local store or manufacturer) <input type="checkbox"/> Manufacturer: \$2000 <input type="checkbox"/> Testing: \$2000 <input type="checkbox"/> Research: \$2000 <input type="checkbox"/> Operator: \$2000 <input type="checkbox"/> Date Rec'd: _____	<input type="checkbox"/> \$2500 from MED <input type="checkbox"/> Date Rec'd: _____ <input type="checkbox"/> Other:\$ _____ See MED Fee Schedule
License Fees: due at your application appointment	<input type="checkbox"/> Store: \$1000 <input type="checkbox"/> Cultivation: \$1000 <input type="checkbox"/> Cultivation: \$500 (\$ reduced if tied to local store or manufacturer) <input type="checkbox"/> Manufacturer: \$1000 <input type="checkbox"/> Testing: \$1000 <input type="checkbox"/> Research: \$1000 <input type="checkbox"/> Operator: \$1000 <input type="checkbox"/> Date Rec'd: _____	<input type="checkbox"/> Store: \$3000 <input type="checkbox"/> Cultivation: \$2000 <input type="checkbox"/> Manufacturer: \$2000 <input type="checkbox"/> Testing: \$2000 <input type="checkbox"/> Operator: \$2000 <input type="checkbox"/> Date Rec'd: _____
TOTAL DUE TO CITY		
Check #'s		
Date Received in Clerk's Office: _____		
Inspection/Operating Fees: are due at time of ISSUANCE of new business: see fee receipt for breakdown		

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 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
- 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
- **Review City of Fort Collins Licensing Authority Rules of Procedure and Rules and Regulations (City Manager Rules)**

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.