



MARIJUANA LICENSE NEW APPLICATION CHECKLIST

MEDICAL NEW Business

RETAIL NEW Business ENTITY NAME: _____

SHARED Licensed Premises

TRAD NAME (DBA): _____

Applications will be accepted electronically. Email marijuanlicensing@fcgov.com to schedule an appointment. Email marijuanlicensing@fcgov.com to request a secure link when you are ready to submit your application.

These documents are to be completed by the New Applicant. Also submit completed applications to the state (MED) too.

License type	Premise address	MED (State) license # and expiration date		NOTES
STORES: currently capped				Not accepting applications, except for transfers of ownership only
CULTIVATION(S)				Retail: only if licensed as retail store or manufacturer
MANUFACTURE(S)				
Other Notes: shared with Lic # + type				

The City of Fort Collins treats a transfer of ownership as the same as a brand-new business license application. **NOTE: Incomplete applications WILL NOT be processed. All materials must be digital files and saved as .pdf file. 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. [Review City of Fort Collins Licensing Authority Rules of Procedure and Rules and Regulations \(City Manager Rules\)](#). 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. It is recommended that you retain an attorney to assist you with this application process.**

MEDICAL NEW **RETAIL NEW** **SHARED Licensed Premises**

<p>APPLICATION DOCUMENTS <i>Review CRS 44-10-311-313; MED Rules Section 2-200 Series</i> Regulated Marijuana Muni Code: Medical: FCMC 15-472 Retail: FCMC 15-612</p>	
	<p>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></p>
	<p><input type="checkbox"/> Copy of MED License(s) if you have conditional approval</p>
	<p>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)</p>
	<p>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)</p>
	<p>APPLICATION: MED Forms DR8548 New Business license Application. Separate application for EACH license type if a different premises. Review MED Rules Section 2-200 Series Date Ft. Collins rec'd MED (State) Application(s): _____</p>
	<p>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 local authority explaining change. <input type="checkbox"/> MED approval Letters for transfer of licenses <input type="checkbox"/> Asset purchase agreement <input type="checkbox"/> promissory note <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): _____</p>
	<p><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)</p>



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PROPERTY-LOCATION and ZONING information

Location Criteria: check medical code [Sec.15-475](#) and/or check retail code [Sec.15-615](#)
Meets all location criteria under applicable zoning laws. Yes or no NA-cultivation/MIP
 STORES: Address of Property: _____
 CULTIVATIONS/MIPS: Address of 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 **Zoning Report** **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:** _____
 Change of use is required (i.e. changing the use of existing structure: converting a restaurant into an marijuana cultivation)
 Sign Permit is required (review [sign regulations](#) in City's Land Use Code)
Notes: _____

Property: FLOOR PLAN: Ref: MED rules Sec 3-220

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 3-220-305

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.
 Date Proposed Floorplan received: _____

Floor Plan: POLICE APPROVED Date Approved by Police: _____

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

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? Yes or no

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

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
(note: the authorized signer must have the authority to make decisions regarding the license/applications)
 Fire Prevention Policy: all license applications must review
 Extraction Operations: Manufacturing NA
 Code Requirements for Marijuana Cultivation Operations: **requires initials/signature** NA
 Code Requirements for Marijuana Manufacturer Facility (MIP): **requires initials/signature** NA
NOTES: _____



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PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared	
	<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). <input type="checkbox"/> SHARED SPACE</p> <p>The Property Owner/Landlord and any Sublessor understand that the Applicant intends to use the property for the activities pertaining to:</p> <p><input type="checkbox"/> STORES: Property Owner Name/Landlord: _____ Phone # _____</p> <p><input type="checkbox"/> CULTIVATIONS/MIPS: Property Owner Name/Landlord: _____ Phone # _____</p>
	<p>Possession Details: of marijuana business. [CRS 44-10-313(8)(b)]</p> <p>Applicant has possession of the property by way of: <input type="checkbox"/> Lease <input type="checkbox"/> Ownership <input type="checkbox"/> Sublease</p> <p><input type="checkbox"/> MJ Licensees need to demonstrate a right to occupy their licensed premise at the time of application. Include all amendments, addendums and extensions. <input type="checkbox"/> SHARED SPACE</p> <p><input type="checkbox"/> STORES: Lease start date: _____ <input type="checkbox"/> Lease end date: _____</p> <p><input type="checkbox"/> Premise Address: _____</p> <p><input type="checkbox"/> CULTIVATIONS/MIPS: Lease start date: _____ <input type="checkbox"/> Lease end date: _____</p> <p><input type="checkbox"/> Premise Address: _____</p>
BUSINESS ENTITY DOCUMENTS: Review CRS 44-10-308 and CRS 44-10-309	
	<p>Type of Corporate Structure: Entity Name: _____</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Company Partnership</p>
	Publicly Traded Company (CRS 44-10-309(l)) <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA
	<p>Organizational Chart, including the identity and ownership percentage of all CBO's (Controlling Beneficial Owners and Entities) CRS 44-10-309(a)</p> <p><input type="checkbox"/> Org Chart(s) included <input type="checkbox"/> notes: _____</p>
	<p>Organizational Documents: <input type="checkbox"/> notes: _____</p> <p><input type="checkbox"/> Operating Agreement for LLC(s) <input type="checkbox"/> Articles of Organization, include amendments</p> <p><input type="checkbox"/> By Laws <input type="checkbox"/> Certificate of Authority-if foreign Co.</p> <p><input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Shareholder Agreement</p> <p><input type="checkbox"/> Statement of Conversion <input type="checkbox"/> Other: i.e. minutes of board meeting, etc.</p> <p>Corporate Governance Documents Include which document is being provided)</p> <p><input type="checkbox"/> Required for Publicly Traded Companies <input type="checkbox"/> Permitted, but not required for privately held co.</p>
	<p><input type="checkbox"/> Secretary of State Certificate of Good Standing for new Entity</p> <p><input type="checkbox"/> Secretary of State Statement of Trade Name for new entity</p> <p><input type="checkbox"/> Secretary of State Certificate of Good Standing for a Foreign Entity if applicable</p>
	<p>For a Limited Liability Company: if there are multiple LLCs, please include all information</p> <p><input type="checkbox"/> Articles of organization, including amendments</p> <p><input type="checkbox"/> Operating agreement for LLC(s)</p> <p><input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years</p>



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	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 on-site manager must have the authority to make decisions regarding the licenses (i.e.) Key Employee-Manager [CRS 44-10-307 & 308] and [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 10% or more ownership. Please do not include indirect financial interest holders
Finding of 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 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. Then provided all necessary information to the city. Follow instructions on fingerprinting.

	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
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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 <input type="checkbox"/> Copy of MED owner(s) badge(s) showing expiration date is provided. <input type="checkbox"/> Copy of MED owner(s) entity (OE) approval letters
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Fingerprinting with [Third Party Fingerprint Service](#) such as: [IdentoGO](#) or [CO Fingerprinting](#): follow [separate instruction sheet](#). Service code: 25YQ8H Enter CBI Account Number (CONCJ6192)

Owners-CBO & Owner Entity: /% ownership	First and Last Names and % ownership	Owner license # and expiration date
Onsite contact/manager		
Owner 1		
Owner 2		
Owner Entity		
Owner Entity		



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This is for finding of suitability:
 Form of Identification (must include a photo) for each person that owns 10%> only.
COLOR copy please on 1 page
 MED Owner Badge(s) State Issued Picture ID Valid passport Driver's license
 A military identification card An alien registration card (Green Card)

OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) and or Owner Entity (OE)
[Review MED Business owners website](#)

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)

DR 8520 Suitability Application for **Natural Person**
 MED approval for suitability for Natural person attached if available

DR 8557 **OWNER ENTITY** Suitability Application (provide copies of pages 1-5)
 MED approval for **OWNER ENTITY** Suitability Letter attached.
 Entity Name(s): _____
 Entity Name(s): _____

Added info about Owners/Entity that you want to share with licensing Authority:
 Yes or No NA Summarize _____

FEES: Refer to website [Medical Fees](#) and [Retail Fees](#)

Fees DUE AT TIME OF APPLICATION. Separate payment for Medical MJ and Retail MJ Fees is required.
[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: new app fees are paid to MED Retail-local fees
New Business License Applications <input type="checkbox"/> Social Equity: _____	<input type="checkbox"/> Store: \$____ <input type="checkbox"/> Cultivation: \$____ <input type="checkbox"/> Cultivation: \$____ (\$ reduced if tied to local store or manufacturer) <input type="checkbox"/> Manufacturer: \$____ <input type="checkbox"/> Testing: \$____ <input type="checkbox"/> Research: \$____ <input type="checkbox"/> Operator: \$____ <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 submission <input type="checkbox"/> Social Equity: _____	<input type="checkbox"/> Store: \$____ <input type="checkbox"/> Cultivation: \$____ <input type="checkbox"/> Cultivation: \$____ (\$ reduced if tied to local store or manufacturer) <input type="checkbox"/> Manufacturer: \$____ <input type="checkbox"/> Testing: \$____ <input type="checkbox"/> Research: \$____ <input type="checkbox"/> Operator: \$____ <input type="checkbox"/> Date Rec'd: _____	<input type="checkbox"/> Store: \$____ <input type="checkbox"/> Cultivation: \$____ <input type="checkbox"/> Manufacturer: \$____ <input type="checkbox"/> Testing: \$____ <input type="checkbox"/> Operator: \$____ <input type="checkbox"/> Date Rec'd: _____
TOTAL DUE TO CITY		

Check # _____ **rec'd dates:** _____
Inspection/Operating Fees: are due at time of ISSUANCE of new business: see fee receipt for breakdown