



MARIJUANA LICENSE TRANSFER OWNERSHIP/NEW APPLICATION CHECKLIST

- MEDICAL TRANSFER**
 RETAIL TRANSFER
 SHARED Licensed Premises

ENTITY NAME: _____

TRAD NAME (DBA): _____

Applications will be accepted electronically. Email tgula-yeast@fcgov.com to schedule an appointment.

These documents are to be completed by the Buyer, unless otherwise indicated. A Transfer of Ownership is a complete sale from the licensed entity to a new entity. If the Licensed entity is remaining the same, but the parties with the entity are changing, see instated Change of Ownership Forms.

License type	Premise address	City of Fort Collins License # and expiration date	MED (State) license # and expiration date
STORE(S)			
CULTIVATION(S)			
MANUFACTURE(S)			
TESTING/OPERATORS OR Research			
Sellers Business Name			

The City of Fort Collins treats a transfer of ownership as the same as a brand-new business license application. The City Clerk's Office does not provide notary services for application documents. **NOTE: Incomplete applications WILL NOT be processed. All materials must be digital files and saved as .pdf or .jpg 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.

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APPLICATION DOCUMENTS <i>Review CRS 44-10-311-313</i> Regulated Marijuana Muni Code: Medical: FCMC 15-472 Retail: FCMC 15-612	
	Letter of Intent: _____ Pre-application Meeting Date: _____
	<input type="checkbox"/> Affidavit of Consent to Transfer Regulated Business Licenses (Completed by the Seller) <input type="checkbox"/> Copy of MED License(s) included with affidavit Sellers Business Name: _____ Buyers Proposed Business Information: _____
	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)
	APPLICATION: MED Forms DR8535 Change of Ownership Application for each license type. Separate application for EACH license type. Review MED Rules Section 2-200 Series Date Ft. Collins rec'd MED (State) Application(s): _____
	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 transfer of licenses <input type="checkbox"/> MED approval Letters for transfer of licenses <input type="checkbox"/> cover letter to local authority explaining change <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): _____ <input type="checkbox"/> other: name of supporting document(s): _____
	<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)



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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 3-305

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: _____

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

Authorization to Use Property for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form). **SHARED SPACE**
 The Property Owner/Landlord and any Sublessor understand that the Applicant intends to use the property for the activities pertaining to:
 STORES: Property Owner Name/Landlord: _____ Phone # _____
 CULTIVATIONS/MIPS:
 Property Owner Name/Landlord: _____ Phone # _____

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

BUSINESS ENTITY DOCUMENTS: Review CRS 44-10-308 and CRS 44-10-309

Type of Corporate Structure: Entity Name: _____
 Corporation Limited Liability Company Partnership

Publicly Traded Company (CRS 44-10-309(l)) Yes or no NA

Organizational Chart, Including the identity and ownership percentage of all CBO's Controlling Beneficial Owners
 Org Chart(s) included **notes:** _____

Organizational Documents: **notes:** _____
 Operating Agreement for LLC(s) Articles of Organization, include amendments
 By Laws Certificate of Authority-if foreign Co.
 Partnership Agreement Articles of Incorporation
 Statement of Conversion Other: i.e. minutes of board meeting, etc.

[Secretary of State](#) Certificate of Good Standing for new Entity
 [Secretary of State](#) Statement of Trade Name for new entity
 [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
 Articles of organization, including amendments
 Operating agreement for LLC(s)
 Certificate of Authority- if foreign company only and dated within the past two years



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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 <u>on-site manager</u> 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			
	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 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: _____			
	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"/> Social Equity License-Eligibility- review MED link <input type="checkbox"/> Yes or <input type="checkbox"/> no		
	Owners-CBO & Owner Entity: /% ownership	First and Last Names and % ownership	Owner license # and expiration date
	Onsite contact/manager		
	Owner 1		
	Owner 2		
	Owner 3		
	Owner 4		
	Owner 5		
	Owner Entity		
	Form of Identification (must include a photo) for each person: COLOR copy please on 1 page <input type="checkbox"/> MED Owner Badge(s) <input type="checkbox"/> State Issued Picture ID <input type="checkbox"/> Valid passport <input type="checkbox"/> Driver's license <input type="checkbox"/> A military identification card <input type="checkbox"/> An alien registration card (Green Card)		
Fingerprinting with Third Party Fingerprint Service such as: IdentoGO or CO Fingerprinting: follow separate instruction sheet. Service code: 25YQ8H Enter CBI Account Number (CONCJ6192)			



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

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 (use most recent MED form 2022)
<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
<input type="checkbox"/>	Copy of MED Owner Entity is included or <input type="checkbox"/> NA
Added info about Owners/Entity that you want to share with licensing Authority: <input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> NA Summarize _____	

FEES

Fees DUE AT TIME OF APPLICATION. Separate checks for Medical MJ fees and Retail MJ Fees.
If applying for example 2 medical MJ licenses-you can write one check
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	<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 submission	<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 # _____ rec'd dates: _____
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.**
- **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 cannabis business license application, or any documents submitted. The applicant is responsible for compliance with all code and rule requirements.**