



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

first check the guidance on when to Submit Change/transfer of Ownership

*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 remains 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)					
Sellers Business Name					

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.**

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<p>APPLICATION DOCUMENTS <i>Review CRS 44-10-311-313</i></p> <p>Regulated Marijuana Muni Code: Medical: FCMC 15-472 Retail: FCMC 15-612</p>	
	<p>Letter of Intent: _____ Pre-Application Meeting Date(s): _____</p> <p>Note: if your project is becoming longer than 90 days, an updated application meeting is necessary. Keep us informed!</p>
	<p><input type="checkbox"/> Affidavit of Consent to Transfer Regulated Business Licenses (Completed by the Seller)</p> <p>Note: The Buyer MUST SIGN as well</p> <p><input type="checkbox"/> Copy of MED License(s) that are being sold.</p> <p>Sellers Business Name: _____</p> <p>Buyers Proposed Business Information: _____</p>
	<p>Note: After the sale is complete and finalized: Provide copies of MED (Marijuana Enforcement Division) Licenses with new business Entity to locals.</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 DR8535 Change of Ownership Application for each license type. Separate application for EACH license type. Review MED Rules Section 2-200 Series</p> <p>Date Ft. Collins rec'd MED (State) Application(s): _____</p>



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Supporting Documents (if applicable): Any other documents that may be necessary to support the application(s). See examples below:

cover letter to local authority explaining change.

MED approval Letters for transfer of licenses Asset purchase agreement

promissory note contracts or agreements (i.e. Medical Manuf & store: ref: CRS44-10-503(3))

other: name of supporting document(s): _____

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: _____

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

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(I)) Yes or no NA

Organizational Chart, including the identity and ownership percentage of all CBO's (Controlling Beneficial Owners and Entities) CRS 44-10-309(a)
 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 Shareholder Agreement
 Statement of Conversion Other: i.e. minutes of board meeting, etc.
Corporate Governance Documents Include which document is being provided)
 Required for Publicly Traded Companies Permitted, but not required for privately held co.

City Sales Tax # (required only for stores): _____ (Ref: [City Sales Tax Link](#))
 State Sales Tax # (required only for stores): _____ (Ref: [CO Dept of Revenue](#))

[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

Asset Purchasing Agreement Yes No NA
 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

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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	<p>For a Corporation:</p> <p><input type="checkbox"/> Articles of incorporation-must be stamped by Secretary of State</p> <p><input type="checkbox"/> Articles of organization, including amendments <input type="checkbox"/> Operating agreement</p> <p><input type="checkbox"/> Minutes of first board meeting- for new corporations less than 2 years old</p> <p><input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years</p>
	<p>For a Limited Liability Partnership:</p> <p><input type="checkbox"/> Articles of partnership-must be stamped by Secretary of State</p> <p><input type="checkbox"/> Articles of organization, including amendments <input type="checkbox"/> Operating agreement</p> <p><input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years</p>
	<p>For a Partnership:</p> <p><input type="checkbox"/> A partnership agreement</p> <p><input type="checkbox"/> Proof of registration with the Colorado Secretary of State & Operating agreement</p>
	<p>For an Association or Other Entity:</p> <p><input type="checkbox"/> copy of agreement(s) creating association or relationship between parties</p>

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.

	<p>Existing business owner(s) wishing to add new license type. Attached additional pages if necessary</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> Copy of most recent MED Badge included</p>
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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

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: _____

	<p>Controlling Beneficial Owners: Ref: MED Business Owner Page</p> <p><input type="checkbox"/> Copy of MED owner(s) badge(s) showing expiration date is provided.</p> <p><input type="checkbox"/> Copy of MED owner(s) entity (OE) approval letters</p>
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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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<p>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</p> <p><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</p> <p><input type="checkbox"/> A military identification card <input type="checkbox"/> An alien registration card (Green Card)</p>	
<p align="center">OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) and or Owner Entity (OE)</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)</p> <p>Suitability Application for Natural Person (by Controlling Beneficial Owner (CBO))</p>	
<p>Authorization and Consent to Release Information (Individual) (Fort Collins Forms)</p>	
<p><input type="checkbox"/> Copy of Finding of Suitability-Natural Person-DR 8520 Suitability Application for Natural Person MED Business owners page</p> <p><input type="checkbox"/> MED approval for suitability for Natural person attached if available, must provide this when ready</p>	
<p><input type="checkbox"/> Copy of DR 8557 OWNER ENTITY (OE) Suitability Application pgs 1-5</p> <p><input type="checkbox"/> MED approval for OWNER ENTITY (OE) Suitability Letter attached</p>	
<p>Added info about Owners/Entity that you want to share with licensing Authority:</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> NA Summarize _____</p>	

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
Transfer of Ownership to new entity	<input type="checkbox"/> Store: \$____ <input type="checkbox"/> Cultivation: \$____ (associated with store) <input type="checkbox"/> Cultivation: \$____ (Not associated with 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"/> \$____ transfer owners to new entity Date Rec'd: _____ <input type="checkbox"/> Other: \$ _____ See MED Fee Schedule
License Fees: due at your application submission	<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		

Online payment received dates: _____
Inspection/Operating Fees: are due at time of ISSUANCE of new business: see fee receipt for breakdown