



MARIJUANA LICENSE MODIFICATION APPLICATION CHECKLIST

MEDICAL Modification

RETAIL Modification

ENTITY NAME: _____

SHARED Licensed Premises

TRADE NAME (DBA): _____

Applications will be accepted electronically. Email marijuanalicensing@fcgov.com to request a secure link to submit your local application. Documents must be PDF only.

A **Modification of Premises** is required when any of the following occurs: **check a box for your proposal** per [MED rules 2-260B \(1-3\)](#)

The sealing off, creation of or relocation of a common entryway, doorway, passage or other such means of public ingress and/or egress, walk-up window or drive-up window, when such common entryway etc. alters or changes Limited Access Areas, such as the cultivation, harvesting, manufacturing, testing or sale of Regulated Marijuana within the Licensed Premises.

Any increase or decrease in the total physical size or capacity

Any physical modification which would require the installation of additional video surveillance cameras

A **letter of intent** and a pre-application meeting is required as part of the City of Fort Collins application process.

License type	Premise address	City of Fort Collins License # and expiration date		MED (State) license # and expiration date	
STORE(S)					
CULTIVATION(S)					
MANUFACTURE(S)					
Other info					

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. **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.

NOTE: Licensees may not modify their licensed premises until approved by state and local authorities.

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MAIN APPLICATION DOCUMENTS: review MED rules Section 2-260: Modifying Licensed Premises	
	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</i>
	<input type="checkbox"/> Copies of Licenses-City of Fort Collins <input type="checkbox"/> Copies of Licenses-State-MED (Marijuana Enforcement Division) Provide this if your address is changing, i.e. expanding into a unit next door or reducing your size.
	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)
	APPLICATION: MED Forms, Report of Changes (DR8545) Review: Rules: Section 2-260 & Rule 3-225, and (Rule 3-215: Shared Licensed Premises if applicable) Date Ft Collins rec'd MED (State) Application(s): _____ Notes: _____



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	<p>Supporting Documents (if applicable): Any other documents that may be necessary to support the application(s). See examples below:</p> <p><input type="checkbox"/> MED approval Letters for report of changes <input type="checkbox"/> MED Change Location Permits (if applicable)</p> <p><input type="checkbox"/> cover letter to local authority explaining change</p> <p><input type="checkbox"/> building permit <input type="checkbox"/> certificate of occupancy (if applicable) <input type="checkbox"/> fire documents (if applicable)</p> <p><input type="checkbox"/> other: name of supporting document(s): _____</p>
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PROPERTY— Zoning and building information

	<p>Zoning Report: To be submitted to the Zoning Department for its review and comment and submitted by the applicant as part of the application <input type="checkbox"/> Zoning Report <input type="checkbox"/> Site plan included</p> <p>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: _____</p> <p><input type="checkbox"/> Sign Permit is required (review sign regulations in City's Land Use Code)</p> <p>Notes: _____</p>
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	<p>Building Services: changes to building/space and or changing function or occupancy or use of space. A building permit may be required. Please review building website. Building Code</p> <p><input type="checkbox"/> Change of use is required (i.e. changing the use of existing structure: converting a restaurant into an marijuana cultivation) Building Permit Link to application</p> <p><input type="checkbox"/> Change occupancy by the international building code: Building Permit Link</p> <p>Notes/Building Permit#: _____</p>
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Property: FLOOR PLAN: Ref: MED rules Sec 3-220, Sec 3-225

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

It is preferred and strongly recommended that you submit plans that have been prepared digitally, separate floors must be shown on separate pieces of paper and clearly identified

	<p>Floor plan: CURRENT: A to scale diagram of the current licensed premises (as on file with the City Clerk's Office, and as it was approved by the Local Licensing Authority), no larger than 11" x 17". This diagram should reflect the premises before the changes take place. labeled as "CURRENT". Notes: _____</p>
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	<p>Will this modification result in the addition of an extraction room or an expansion of extraction space? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p>
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	<p>Cultivation Facilities: Do you perform water extractions? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p>
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	<p>Floor Plan: PROPOSED (follow floor plan & video plan requirements) must be in color-</p> <p>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"/> Date Proposed Floorplan received: _____</p>
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	<p>Floor Plan: POLICE APPROVED <input type="checkbox"/> Date Approved by Police: _____</p>
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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: _____

CULTIVATIONS/MIPS: Property Owner Name/Landlord: _____

Lease: Revisions to the existing lease that are necessary as a result of the modifications to the premises. Yes or no NA

Possession Details: of marijuana business. [CRS 44-10-313(8)(b)] SHARED SPACE

Include all amendments, addendums and extensions.

Applicant has possession of the property by way of: Lease Ownership Sublease

MJ Licensees need to demonstrate a right to occupy their licensed premises at the time of application.

STORES: Lease start date: _____ Lease end date: _____

Premise Address: _____

CULTIVATIONS/MIPS: Lease start date: _____ Lease end date: _____

Premise Address: _____

Property FIRE RELATED DOCUMENTS: Review International Fire Code on Plant Extractions Ch. 39

Poudre Fire Authority (PFA) Forms to be reviewed and initialized by applicant. NA- Stores only For Cultivations and Manufacturing licensees. Complete the form(s) and send back with your local City of Fort Collins application(s). Reference: [Review Fire Code](#)

[Review International Fire Code \(IFC\): Plant Extractions](#)

(note: the authorized signer must have the authority to make decisions regarding the license/applications)

Code Guidance for Plant Cultivation Operations: *requires initials/signature*

Code Guidance for Plant Extraction/ Manufacturer Facility (MIP): *requires initials/signature*

NOTES: _____

Infused Product Manufacturers: What type(s) of extraction do you perform?

Butane Propane Carbon Dioxide Ethanol Isopropanol Acetone

Heptane Pentane Other: _____

NONE Business leases/rent equipment

FEES

Fees DUE AT TIME OF APPLICATION. Separate payment for Medical MJ fees and Retail MJ Fees is required. If applying for example 2 medical MJ licenses-you can pay for both licenses online and or by check. Checks or money orders only, payable to "City of Fort Collins". [Online payment is preferred method](#)

FEES	Medical	Retail
Modification Applications	<input type="checkbox"/> \$____/license app ____: # of licenses	<input type="checkbox"/> \$____/license app ____: # of licenses
Total due to City		
online payment		
Date received		



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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.**

- *Applications will be administratively closed if the application process has not been completed within 12 months.*
- ***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.***
- *Legal documents included as part of this application must be properly signed and executed*

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.