



MARIJUANA ENTITY CHANGE OF OWNERSHIP APPLICATION CHECKLIST

- MEDICAL OWNER CHANGE**
- SHARED Licensed Premises**

- RETAIL OWNER CHANGE**

ENTITY NAME: _____
 TRADE NAME (DBA): _____

Applications will be accepted by **electronically**. Email tgula-yeast@fcgov.com to submit your application(s).

Purpose: Application type: I am filling this application to:

- Add a new person or entity to become a Controlling Beneficial Owner(s)(CBO).**
- A business wishes to remove an existing owner-voluntary surrender of any individual and/or entity who will not remain CBO**
- A business wishes to change the ownership percentages of existing owners. i.e. Reallocation of owner interests**
- Change of business entity type (i.e. convert an LLC to a Corporation).**
- Change of legal entity name: CURRENT NAME: _____ PROPOSED NAME: _____**
- Other: MED Exemptions to Change of Owner Applications. See [MED DISCLOSURE Form: Review Rule 2-245\(C\)](#)**

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

Pursuant to [HB 19-1090](#) (Publicly Licensed Marijuana Companies), the changes in ownership have been updated. It requires any person or entity intending to become a Controlling Beneficial Owner of a Regulated Marijuana Business to submit a request for a Finding of Suitability and a Change in Ownership Application.

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.

Licensees MAY NOT operate until approved by state and local authorities and have final inspection.

APPLICATION DOCUMENTS <i>Review CRS 44-10-311-313 and CCR 212-3</i>	
	Letter of Intent: _____ Pre-application Meeting Date: _____
	Oath of Applications (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN: i.e.: Controlling Beneficial Owner) (note: if no individual owns 10% or more, someone from the Entity MUST SIGN: i.e. Chief Executive Officer/Director/Board Member)
	Publicly Traded Company <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA
	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 Controlling Beneficial Ownership Application for each license type. <i>Review MED Rules Section 2-200 Series</i> Date Ft. Collins rec'd MED (State) Application(s): _____
	MED Form: Disclosure Form: exempt from the Change of Ownership Application. <input type="checkbox"/> NA Review Rule 2-245(C) , 1 CCR 212-3. Date Ft. Collins rec'd MED (State) Disclosure: _____ <input type="checkbox"/> Change of Legal Name <input type="checkbox"/> Change of Entity Type <input type="checkbox"/> Change of Entity Jurisdiction



MARIJUANA ENTITY CHANGE OF OWNERSHIP APPLICATION CHECKLIST

- MEDICAL OWNER CHANGE**
 SHARED Licensed Premises

- RETAIL OWNER CHANGE**

ENTITY NAME: _____
TRADE NAME (DBA): _____

	<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 transfer of licenses <input type="checkbox"/> MED approval Letters for transfer of licenses</p> <p><input type="checkbox"/> cover letter to local authority explaining change</p> <p><input type="checkbox"/> promissory note <input type="checkbox"/> contracts or agreements (i.e. Medical Manuf & store: ref: CRS44-10-503(3))</p> <p><input type="checkbox"/> other: name of supporting document(s): _____</p> <p><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)</p> <p><input type="checkbox"/> State Sales Tax # (required only for stores): _____ (Ref: CO Dept of Revenue)</p>
<p>PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared</p>	
	<p>Updated property documents are required if Legal Entity Name is Changing.</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</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). <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>Need proof of premises in the new entity's name for all locations.</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.</p> <p>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>
<p>BUSINESS ENTITY DOCUMENTS: Review CRS 44-10-308 and CRS 44-10-309</p> <p>If you do not know which entity type applies to your business or organization, contact the Colorado Secretary of State's Office https://www.sos.state.co.us/</p>	
	<p>Type of Corporate Structure: Entity Name: _____</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Company Partnership</p>
	<p>Publicly Traded Company (CRS 44-10-309(I)) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
	<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>



MARIJUANA ENTITY CHANGE OF OWNERSHIP APPLICATION CHECKLIST

- MEDICAL OWNER CHANGE**
 SHARED Licensed Premises

- RETAIL OWNER CHANGE**

ENTITY NAME: _____
 TRADE NAME (DBA): _____

	Organizational Documents: <input type="checkbox"/> notes: _____ <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. minutes of board meeting, etc.
	<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
	Purchasing Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (required if ownership percentages are changing or any shares of the business were sold)
	In the event that a person is leaving the entity , proof that the departure is voluntary (for example, a letter of resignation)
	Other: contracts: any agreements, financial agreements; promissory notes if applicable <input type="checkbox"/> NA
	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
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 Finding of Suitability of Owner Entity's (Business Entity's) will be completed with the MED.	
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: _____	



MARIJUANA ENTITY CHANGE OF OWNERSHIP APPLICATION CHECKLIST

- MEDICAL OWNER CHANGE**
- SHARED Licensed Premises**

- RETAIL OWNER CHANGE**

ENTITY NAME: _____

TRADE NAME (DBA): _____

<input type="checkbox"/> Social Equity License-Eligibility- review MED link <input type="checkbox"/> Yes or <input type="checkbox"/> no If your change of ownership information constitutes a change in Social Equity Applicant Status, please provide <input type="checkbox"/> 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					
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 3				
	Owner 4				
	Owner ENTITY 1				
	Owner ENTITY 2				
	Owner ENTITY 3				
Form of Identification (must include a photo) for each person that owns 10%> only. 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)					
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 Finding of Suitability-Natural Person-DR 8520 Suitability Application for Natural Person MED Business owners page <input type="checkbox"/> MED approval for suitability for Natural person attached if available					
<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 MED Finding Suitability-Owner Entity: DR 8557 ENTITY Suitability Application pgs 1-5 <input type="checkbox"/> MED approval for ENTITY'S Suitability Letter attached					



MARIJUANA ENTITY CHANGE OF OWNERSHIP APPLICATION CHECKLIST

- MEDICAL OWNER CHANGE**
- SHARED Licensed Premises**

- RETAIL OWNER CHANGE**

ENTITY NAME: _____

TRADE NAME (DBA): _____

FEES		
<p>Fees DUE AT TIME OF APPLICATION. <u>Separate payment for Medical MJ and Retail MJ Fees is required.</u></p> <p>If applying for example 2 medical MJ licenses-you can write one check.</p> <p>Checks or money orders, payable to "City of Fort Collins". Online payment is preferred method</p> <p>Please also refer to the City's Fee schedule online Medical MJ and Retail MJ</p>		
FEES	Medical	Retail:
Change of Controlling Beneficial Owner Applications Application fees are non-refundable	<input type="checkbox"/> \$500/license <input type="checkbox"/> \$150/license-EXEMPTION	<input type="checkbox"/> \$1000/license <input type="checkbox"/> \$200/license-EXEMPTION
Review MED Exemptions for change of ownerships		See MED Fee Schedule
TOTAL DUE TO CITY		
Check #		
Date Received in Clerk's Office: _____		

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 changes to the 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

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.