



MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST

MEDICAL OWNER CHANGE **RETAIL OWNER CHANGE** ENTITY NAME: _____

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

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			
CULTIVATION			
MANUFACTURE			

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.

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. Incomplete applications will not be accepted. The City Clerk's Office **will not provide** notary services for application documents. **Licenses MAY NOT operate until approved by state and local authorities and have final inspection.**

MAIN APPLICATION DOCUMENTS Review CRS 44-10-312 and CCR 212-3	
<input type="checkbox"/>	Oath of Applications (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN: i.e.: Controlling Beneficial Owner)
<input type="checkbox"/>	Publicly Traded Company <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA
<input type="checkbox"/>	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)
<input type="checkbox"/>	MED Form: Change of Controlling Beneficial Owner Application: separate application for EACH license type. Please refer to the CO Marijuana Code. MED Form DR 8535 Date Ft. Collins rec'd MED (State) Application: _____ <input type="checkbox"/> NA
<input type="checkbox"/>	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
<input type="checkbox"/>	Sales Tax Licenses: <input type="checkbox"/> City FTC <input type="checkbox"/> State Sales Tax #: provide copies <input type="checkbox"/> NA
<input type="checkbox"/>	Other: Supporting documents such as Detail Action Sheet and or supplemental documents supporting business license application is attached. Use Detail Action Sheet (DAS) excel separate sheet (see attached document) (Fort Collins Form) <input type="checkbox"/> attached <input type="checkbox"/> NA
<input type="checkbox"/>	Supporting documents: Name of Supporting document(s): _____ Any other documents that may be necessary to support the application. i.e. MED State Approval Letter for each license <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA
<input type="checkbox"/>	Note: need proof of state approval before a license will be issued with the changes



MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST

MEDICAL OWNER CHANGE **RETAIL OWNER CHANGE** ENTITY NAME: _____

	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		
OWNERSHIP INFORMATION: Controlling Beneficial Owner (CBO) Provide information for any owner who owns 10% or more of the license. Owner %'s should MATCH structure that was provided to MED. You MUST designate an on-site MANAGER for the business. The on-site MGR must have the authority to make decisions regarding the licenses [CRS 44-10-307 & 308 & 313(12)] & Sec 15-474 & 614 Review MED Marijuana Business Owners Page			
The City of Fort Collins will complete Criminal Background Checks on all CBO's with 10% or more ownership			
	Exempt from Change of Owner application. i.e. Owner (CBO) stays same but will change Legal Name. See MED DISCLOSURE Form and Review Rule 2-245(C) <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> Copy of most recent MED Badge included		
	% ownership	Name: First and Last	Phone #
	Onsite MGR:		
	Owner 1:		
	Owner 2:		
	Owner 3:		
	Owner 4:		
	Owner 5:		
	Owner 6:		
	Form of Identification (must contact a photo) for each person: COLOR copy please on 1 page <input type="checkbox"/> Driver's license <input type="checkbox"/> State Issued Picture ID <input type="checkbox"/> Valid passport Other: copy of MED badge (if applicable, include this copy of MED badge) <input type="checkbox"/> A military identification card <input type="checkbox"/> An alien registration card (Green Card)		
	Ownership Information: Regulated Marijuana Business: CBO's Non-Resident Owner(s): <input type="checkbox"/> Yes or <input type="checkbox"/> no		
	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 DR 8520 Suitability Application for Natural Person (formerly Associated Key Application-CBO) <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 DR 8557 ENTITY Suitability Application pgs 1-5 <input type="checkbox"/> MED approval for ENTITY Suitability Letter attached		
	Fingerprinting with Third Party Fingerprint Service such as: IdentoGO or CO Fingerprinting: follow separate instruction sheet		



MARIJUANA CHANGE OF OWNERSHIP APPLICATION CHECKLIST

MEDICAL OWNER CHANGE
 RETAIL OWNER CHANGE
 ENTITY NAME: _____

FEES		
Fees DUE AT TIME OF APPLICATION. <u>Separate checks</u> for each license application. Checks or money orders only, payable to "City of Fort Collins".		
FEES	Medical	Retail:
Change of Controlling Beneficial Owner Applications Application fees are non-refundable	<input type="checkbox"/> \$500/license	<input type="checkbox"/> \$1000/license
Review MED Exemptions for change of ownerships	<input type="checkbox"/> \$150/license-EXEMPTION	<input type="checkbox"/> \$200/license-EXEMPTION
TOTAL DUE TO CITY		See MED Fee Schedule
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.