



## MARIJUANA LICENSE TRADE NAME CHECKLIST

- MEDICAL TRADE NAME**       **RETAIL TRADE NAME**      ENTITY NAME: \_\_\_\_\_  
 **SHARED Licensed Premises**      TRADE NAME (DBA): \_\_\_\_\_

Applications will be accepted via **email (electronic)**.

**Submittal: email completed application(s) and all supporting document to:** [tgula-yeast@fcgov.com](mailto:tgula-yeast@fcgov.com)

**A Marijuana Business wishes to update its legal entity name and or add a trade name dba**

*A trade name is a name, other than the true name, of an entity or individual under which the entity or individual is authorized to transact business or conduct activities pursuant to section 7-71-101, C.R.S. Sometimes a trade name is referred to as a "doing business as" or "DBA" name. For more information, see section 7-90-102 (63.3), and Article 71 of Title 7, C.R.S*

License type	Current Trade Name (old)	Proposed NEW Trade Name	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 and legible** in all aspects. [All documents](#) must be digital files and saved as a PDF for JPG file. Do not include any other file types. Legal documents must be properly signed and executed. 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.

- MEDICAL TRADE NAME**       **RETAIL TRADE NAME**

<b>MAIN APPLICATION DOCUMENTS: review: CRS 7-71-101</b>	
<b>Change of Trade Name (Legal Name) of Regulated Marijuana Business</b>	
<b>Premise Address:</b>	
Is the proposed trade name the same for all licenses? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<b>Oath of Application</b> (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN: i.e.: Controlling Beneficial Owner or Owner Entity)
	<b>APPLICATION: <a href="#">MED Forms. Report of Changes (DR8545)</a>    Change Trade Name</b> <b>Date Ft Collins rec'd MED (State) Application(s):</b> _____ Notes: _____
	<b>Supporting Documents (if applicable):</b> Any other documents that may be necessary to support the application(s). See examples below: <input type="checkbox"/> MED approval Letters for report of changes <input type="checkbox"/> cover letter to local authority explaining change if applicable <input type="checkbox"/> NA <input type="checkbox"/> other: name of supporting document(s): _____ <input type="checkbox"/> other: updated property documents are required if Legal Entity Name is Changing <input type="checkbox"/> NA



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 ENTITY NAME: \_\_\_\_\_

**SHARED Licensed Premises**     
 TRADE NAME (DBA): \_\_\_\_\_

**BUSINESS ENTITY DOCUMENTS: a filed statement of trade name with [Secretary Of State](#):**  
 If you do not know which entity type applies to your business or organization, contact the Colorado Secretary of State's Office

**Type of Corporate Structure:**      **Entity Name:** \_\_\_\_\_  
 Corporation   
  Limited Liability   
  Company Partnership

**Organizational Documents: showing all changes or amendments**

- Certificate of Amendment filed with the Secretary of State (must have Secretary of State date and time stamp, ID numbers, and amount paid shown in upper right-hand corner)
- Copy of new Trade Name Registration
- Articles of Amendment, Statement of Conversion, or other Statement of Change document files with the Colorado Secretary of State (if applicable)

- [Secretary of State](#) Certificate of Good Standing for **new Entity Name**
- [Secretary of State](#) Statement of **Trade Name for new entity**
- [Secretary of State](#) Certificate of Good Standing for a **Foreign Entity**

Other helpful information:

- Sign Permit is required** (review [sign regulations](#) in City's Land Use Code)

Notes: \_\_\_\_\_

***Sale Tax Licenses:** City Sales Tax and State Sales Tax documents: are they impacted by this Trade name change? If so, please also update with those departments too.*

**FEES & Other documents**

**Fees DUE AT TIME OF APPLICATION. Separate payment for Medical MJ and Retail MJ Fees is required. Checks or money orders, payable to "City of Fort Collins". Application fees are non-refundable. Online payment is preferred method Please also refer to the City's Fee schedule online [Medical MJ and Retail MJ](#)**

FEES	Medical	Retail
Trade Name Change	<input type="checkbox"/> \$50/license	<input type="checkbox"/> \$100/license
Total Due		
<b>Check #'s or online</b>		

**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.**

- Applications will be administratively closed if the application process has not been completed within 12 months.

**NOTE:** Any change to building and/or freestanding signs requires a sign permit, which can be obtained from the Zoning Department at 281 North College Avenue.