



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

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)				

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 files. 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.

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

MAIN APPLICATION DOCUMENTS: review: CRS 7-71-101	
Change of Trade Name (Legal Name) of Regulated Marijuana Business	
Premise Address:	
Is the proposed trade name the same for all licenses? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, submit one Report of Changes Application for all licenses affected by the change	
	<input type="checkbox"/> Copies of Licenses-City of Fort Collins <input type="checkbox"/> Copies of Licenses-State-MED (Marijuana Enforcement Division) Provide this since your name is changing.
	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) Change of Trade Name (COTN) Date Ft Collins rec'd MED (State) Application(s): _____ Notes: _____
	Supporting Documents (if applicable): 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"/> other: updated property documents are required if Legal Entity Name is Changing



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MEDICAL TRADE NAME

RETAIL TRADE NAME

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: _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Company Partnership
	Organizational Documents: showing all changes or amendments. <input type="checkbox"/> 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) <input type="checkbox"/> Copy of new Trade Name Registration <input type="checkbox"/> Articles of Amendment, Statement of Conversion, or other Statement of Change document files with the Colorado Secretary of State (if applicable)
	<input type="checkbox"/> Secretary of State Certificate of Good Standing for new Entity Name <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
	Zoning Services: All sign permit applications are processed electronically. <input type="checkbox"/> Sign Permit is required (review sign regulations in City's Land Use Code) Regulations governing permanent signs can be found in the City's Land Use Code .
	Business License: <i>Sale Tax Licenses:</i> <i>City Sales Tax and State Sales Tax documents: are they impacted by this Trade name change? If so, please also update those departments too.</i>

FEES

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 MJ	Retail MJ
Trade Name Change	<input type="checkbox"/> \$___/license _____: # of licenses	<input type="checkbox"/> \$___/license _____: # of licenses
Total Due		
Date receive payment		

Please include proof of payment with your report of changes application.

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.](#)