



## MARIJUANA LICENSE MODIFICATION APPLICATION CHECKLIST

**MEDICAL Modification**

**RETAIL Modification**

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

**SHARED Licensed Premises**

TRADE NAME (DBA): \_\_\_\_\_

Applications will be accepted electronically. Email [tgula-yeast@fcgov.com](mailto:tgula-yeast@fcgov.com) application and supporting documents.

A **Modification of Premises** is required when any of the following occurs: **check a box for your proposal**

- Altering the layout of the facility (including modifying doorways, adding/removing walls) per [MED rules 2-260B \(1-3\)](#)
- Changing the square footage of the licensed premises; Any increase or decrease in the total physical size or capacity
- The addition or reconfiguration of adding video surveillance (Rule 3-225)
- The addition or removal of a cultivation or manufacturer facility from the premises, add or remove extraction equipment

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)					
TESTING/OPERATORS OR Research					
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 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.

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

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**SHARED Licensed Premises**

MAIN APPLICATION DOCUMENTS: review MED rules Section 2-260: Modifying Licensed Premises	
	Letter of Intent: _____ Pre-Application Meeting Date: _____
	<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> <a href="#">Review: Rules:</a>            Section 2-260 &amp; Rule 3-225, and (Rule 3-215: Shared Licensed Premises if applicable)  <b>Date Ft Collins rec'd MED (State) Application(s):</b> _____            Notes: _____</b>
	<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"/> MED Change Location Permits (if applicable) <input type="checkbox"/> cover letter to local authority explaining change <input type="checkbox"/> building permit <input type="checkbox"/> certificate of occupancy (if applicable) <input type="checkbox"/> fire documents (if applicable) <input type="checkbox"/> other: name of supporting document(s): _____



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PROPERTY—Location, Zoning and building information	
	<p><b>Location Criteria:</b> check medical code <a href="#">Sec.15-475</a> and/or check retail code <a href="#">Sec.15-615</a></p> <p>Meets all location criteria under applicable zoning laws. <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA-cultivation/MIP</p> <p><input type="checkbox"/> <b>STORES:</b> Address of Current Property: _____</p> <p><input type="checkbox"/> <b>CULTIVATIONS/MIPS:</b> Address of Current Property: _____</p>
	<p><b>Zoning Report:</b> To be submitted to the <a href="#">Zoning Department</a> for its review and comment and submitted by the applicant as part of the application <input type="checkbox"/> <b>Zoning Report</b> <input type="checkbox"/> <b>Site plan included</b></p> <p><b>Note:</b> If Zoning indicates applications/approvals are needed, they <b>MUST</b> be completed prior to business license application submission. <b>Date Ft. Collins rec'd Zoning Report:</b> _____</p> <p><input type="checkbox"/> <b>Sign Permit is required</b> (review <a href="#">sign regulations</a> in City's Land Use Code)</p> <p>Notes: _____</p>
	<p><b>Building Services:</b> changes to building/space and or changing function or occupancy or use of space.</p> <p>A building permit may be required. Please review <a href="#">building website</a>. <a href="#">Building Code</a></p> <p><input type="checkbox"/> <b>Change of use is required</b> (i.e. changing the use of existing structure: converting a restaurant into an marijuana cultivation) <a href="#">Building Permit Link to application</a></p> <p><input type="checkbox"/> <b>Change occupancy by the international building code:</b> <a href="#">Building Permit Link</a></p> <p>Notes: _____</p>
<p><b>Property: FLOOR PLAN: Ref: MED rules Sec 3-220</b></p> <p><b>Note:</b> 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. <i>Ref: MED rules Sec 3-305</i></p> <p>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>	
	<p><b>CURRENT: Floor plan:</b> A to scale diagram of the <b>current</b> licensed premises (as on file with the City Clerks 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 modification labeled as <b>"CURRENT"</b>. <i>Notes:</i> _____</p>
	<p>Will this modification result in an 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>
	<p><b>Cultivation Facilities:</b> Do you perform water extractions? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p>
	<p><b>Floor Plan: PROPOSED</b> (<a href="#">follow floor plan &amp; video plan requirements</a>) <b>must be in color-</b></p> <p>A "to scale" diagram of the <b>proposed</b> licensed premises, no larger than 11" x 17", showing the proposed changes and labeled as <b>"PROPOSED"</b> Must be clearly labeled.</p> <p><input type="checkbox"/> Date Proposed Floorplan received: _____</p>
	<p><b>Floor Plan: POLICE APPROVED</b> <input type="checkbox"/> Date Approved by Police: _____</p>
<p><b>PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises and Sec 3-215: Shared</b></p>	
	<p><b>Consent to the intended modification from landlord/property owner (i.e. permission letter)</b></p>
	<p><b>Authorization to Use Property</b> for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form). <input type="checkbox"/> <b>SHARED SPACE</b></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"/> <b>STORES:</b> Property Owner Name/Landlord: _____ Phone # _____</p> <p><input type="checkbox"/> <b>CULTIVATIONS/MIPS:</b></p> <p>Property Owner Name/Landlord: _____ Phone # _____</p>



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**Lease: Revisions to the existing lease that are necessary as a result of the modifications to the premises.** Yes or no NA **Include all amendments, addendums and extensions.**

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

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

MJ Licensees need to demonstrate a right to occupy their licensed premise 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 review 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 or by check.**  
**Checks or money orders only, payable to "City of Fort Collins". [Online payment is preferred method](#)**

FEES	Medical	Retail
<b>Modification Applications</b>	<input type="checkbox"/> \$150/license app	<input type="checkbox"/> \$500/license app
<b>Total due to City</b>		
<b>Check # or online payment</b>		
<b>Date received</b>		

**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.**