



MARIJUANA LICENSE MODIFICATION APPLICATION CHECKLIST

MEDICAL MOP

RETAIL MOP

ENTITY NAME: _____

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

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

- Changing the square footage of the building/licensed premises
- Altering the layout of the facility (including modifying doorways, adding/removing walls) or any other action that would require a building permit.
- The addition or reconfiguration of a point of sale location or adding video surveillance (Rule 3-225)
- The addition or replacement of electrical fixtures for the purpose of increasing power for cultivation activities.
- The addition or removal of a cultivation or manufacturer facility from the premises
- The addition, alteration, or removal of extraction equipment, including any extraction ventilation system components

| License type | Premise address | City of Fort Collins License # and expiration date | MED (State) license # and expiration date |
|--------------|-----------------|--|---|
| STORE | | | |
| CULTIVATION | | | |
| MANUFACTURE | | | |
| Other Notes: | | | |

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.

| MAIN APPLICATION DOCUMENTS: review MED rules Section 2-260: Modifying Licensed Premises | |
|---|--|
| | Oath of Application (Fort Collins Form) (note: any owner who owns 10% or more-MUST SIGN: i.e.: Controlling Beneficial Owner) |
| | Report of Changes Application (DR 8545). The same identical application form should be submitted to the MED. Review: Rules: Section 2-260 and Rule 3-225 , and (Rule 3-215: Shared Licensed Premises if applicable) |
| PROPERTY-RELATED DOCUMENTS: Review MED rules Section 3: 210: Possession of Premises | |
| | CURRENT: Floor plan: A to scale diagram of the current 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 " CURRENT " |
| | PROPOSED: Floor plan: (follow floor plan & video plan requirements) A "to scale" diagram of the proposed licensed premises, no larger than 11" x 17", showing the proposed changes and labeled as " PROPOSED " |
| | <input type="checkbox"/> Floor Plan has been accepted by Police Services, as evidenced by Enforcement Officer's signature on floor plan. Date Accepted by Police: _____ |
| | Consent to the intended modification from landlord/property owner (i.e. permission letter) |
| | Authorization to Use Property for a Marijuana Business (required if the applicant is not the owner of the proposed licensed premises) (Fort Collins Form). |



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| | <p>Zoning Report: To be submitted to the Zoning Department for its review and comment and submitted by the applicant as part of the application (Fort Collins Form).</p> <p>Note: If Zoning indicates applications/approvals are needed, they MUST be completed prior to application submission. Development approvals (if required) <input type="checkbox"/> Attached</p> | | | | | | | | | |
|-----------------------------------|--|--------------------------------|---------|--------|---------------------------|--------------------------------|--------------------------------|---------|--|--|
| | <p>Lease: Revisions to the existing lease that are necessary as a result of the <u>modifications</u> to the premises. <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p> | | | | | | | | | |
| | <p>Will this modification result in an expansion of your premises? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</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>Will your modification of premise affect or change any of the following: Production, storage, or sale areas for consumable products, chemical storage areas, or plumbing fixtures? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p> | | | | | | | | | |
| | <p>Cultivation Facilities: Do you perform water extractions? <input type="checkbox"/> Yes or <input type="checkbox"/> no <input type="checkbox"/> NA</p> | | | | | | | | | |
| | <p>Infused Product Manufacturers: What type(s) of extraction do you perform? <input type="checkbox"/> Butane <input type="checkbox"/> Propane <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Ethanol <input type="checkbox"/> Isopropanol <input type="checkbox"/> Acetone <input type="checkbox"/> Heptane <input type="checkbox"/> Pentane <input type="checkbox"/> Other: _____ <input type="checkbox"/> NONE <input type="checkbox"/> Business leases/rent equipment</p> | | | | | | | | | |
| FEES & Other documents | | | | | | | | | | |
| | <p>Fees DUE AT TIME OF APPLICATION. <u>Separate checks for each license application. Checks or money orders only, payable to "City of Fort Collins".</u></p> <table border="1"> <thead> <tr> <th style="color: red;">FEES</th> <th style="color: blue;">Medical</th> <th style="color: green;">Retail</th> </tr> </thead> <tbody> <tr> <td style="color: red;">Modification Applications</td> <td><input type="checkbox"/> \$150</td> <td><input type="checkbox"/> \$500</td> </tr> <tr> <td style="color: red;">Check #</td> <td></td> <td></td> </tr> </tbody> </table> | FEES | Medical | Retail | Modification Applications | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$500 | Check # | | |
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| Modification Applications | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$500 | | | | | | | | |
| Check # | | | | | | | | | | |
| | <p>Supporting documents: Name of Supporting document(s): _____ Any other documents that may be necessary to support the report of changes i.e. State Approval Letter or Notification Waiver/Permit for each license</p> | | | | | | | | | |

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 modification will need to be submitted, and all the applicable inspections will need to be completed and approved, before the City will update licensee file and or amend the license to reflect completed modification. Review **CRS 44-10-304-304**
- 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.

- **Internal Use:** Date zoning approved: _____