

CHANGE OF OWNERSHIP

Directions: Submit this form, written documentation of proposed change(s), the \$2,500 change of ownership fee, and any applicable associated/associated key applications for new members of the ownership/control structure of the licensed entity. The \$2,500 fee includes one new associated person or associated key person.

Licensed (Legal) Business Name	DBA	License Number	
Mailing Address	City	State	ZIP

CHECK APPLICABLE BOXES

Redistributing ownership/control among current ownership group

Distributing ownership to new persons who will have any ownership or controlling interest

Adding new person or business with either a direct or financial interest in the licensee

QUESTIONS

Is this ownership change, transfer or change of financial interest being submitted 30 days prior to the transfer or change being completed?
 Yes No

Has the licensed entity requesting the changes or transfers detailed in this application received local approval for the changes? (Submit proof of local approval with this form) Yes No

CURRENT OWNERSHIP STRUCTURE*

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest.

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
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Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

*List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity and their effective ownership in the license. Use additional sheets or attachments if necessary.

PROPOSED OWNERSHIP STRUCTURE*

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

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Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

*List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity and their effective ownership in the license. Use additional sheets or attachments if necessary.

I, the undersigned, as authorized agent of the Applicant, do hereby certify that I have not knowingly made a false statement or omitted any material fact on this application or any attachments, which could be cause for denial of the application or termination of any Medical Marijuana license. I authorize the Colorado Medical Marijuana Enforcement Division to investigate matters set forth in this license application. I understand that further information may be requested of me in regard to this application and I agree to supply such information upon request.

Name of Person Completing Form (please print)	Title
Signature	Date