



**COLORADO**  
Department of Revenue  
Enforcement Division – Marijuana

# **Marijuana Business License Change of Ownership/Structure Application**

**Marijuana Enforcement Division**

# Colorado Marijuana Enforcement Division

## Business License Change of Ownership/Structure Application Instructions

### Change of Ownership/Structure Application Checklist

#### Check Applicable box(es)

- Reallocation of ownership/control among current ownership group (including removal of, but NO additional new owners)
- Distributing ownership to new persons who will have ownership or controlling interest (including adding owner(s) to current ownership group)
- Change of business entity name or structure

#### 1 Application Fully Completed

Type or clearly print an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. A complete application, including attachments, must be submitted for EACH license.

#### 2 All Forms Signed & Attached

The following forms must be signed and returned with the application. **Have applicable documents notarized prior to submission to the MED.**

- Affirmation & Consent for each person on **proposed** ownership structure
- Investigation Authorization/Authorization to Release Information for each person on **proposed** ownership structure
- Applicant's Request to Release Information for each **proposed** owner
- Statement of Understanding for each person on **proposed** ownership structure (every line initialed, not typed)
- Ownership and Funding Certification and Affidavit for each person on **proposed** ownership structure
- Owner Affirmation form for each owner (**current and proposed**)
- Tax Authorization/Request to Release Information (each **current and proposed** owner)

#### 3 All Requested Information Attached

The information requested on the COO application must be attached, including the following documents, if applicable:

- First four (4) pages of the applicable New Business License Application (with new ownership information)
- Evidence of a local application for the proposed change
- Current lease including all amendments and assignments
- Separate legible and accurate floor plans of facility, (to scale) on 8.5 X 11 inch paper (One for licensed premises, one for the security/surveillance plan including camera location, number and direction of coverage)
- Evidence of Secretary of State Notification
- Operating agreement or By-Laws including all amendments
- Sales contract, agreement and/or meeting minutes reflecting removal of owner with acknowledgement
- NEW promissory notes, security agreements, consulting agreements or material financial agreements
- Please submit complete original application packet and one complete copy

**NOTE: The Marijuana Enforcement Division reserves the right to request additional information and documentation throughout the course of the background investigation, which must be provided within 7 calendar days.**

#### 4 Application and License Fees

**All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.**

See fee table on website: [www.colorado.gov/revenue/med](http://www.colorado.gov/revenue/med)

#### 5 Application Submittal

**If distributing ownership to new persons who will have ownership or controlling interest – Appointment Required.** Submit appointment request to [dor\\_med\\_appointments@state.co.us](mailto:dor_med_appointments@state.co.us) and you will be contacted to set up a time. If any other type of transfer/change of ownership, applications may be submitted in person or mailed with all attachments and requisite fees to:

Marijuana Enforcement Division  
1707 Cole Blvd., Suite 300  
Lakewood, CO 80401  
ATTN: Licensing

**NOTE: Incomplete applications WILL NOT be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood office prior to the end of the next business day.**

## Change of Ownership/Structure

Current Licensed (Legal) Business Name	Registered Trade Name (DBA)	License Number	
Physical Address	City	State	ZIP
Mailing Address (if different)	City	State	ZIP

**Check Applicable box(es)**

- Reallocation of ownership/control among current ownership group\*\*
- Distributing ownership to new persons who will have ownership or controlling interest\*
- Change of business entity name or structure\*\*

\* Requires an appointment

\*\* May be submitted in person or by mail with all attachments and requisite fees without an appointment

**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 Prior to Transfer/Change**

List all persons and/or entities with ownership interest or control, including all officers and directors. 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
Address	City	State	ZIP
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant
Phone Number (    )			
Name	Title	SSN/FEIN	DOB
Address	City	State	ZIP
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant
Phone Number (    )			
Name	Title	SSN/FEIN	DOB
Address	City	State	ZIP
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant
Phone Number (    )			
Name	Title	SSN/FEIN	DOB
Address	City	State	ZIP
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant
Phone Number (    )			
Name	Title	SSN/FEIN	DOB
Address	City	State	ZIP
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with	Effective Own. % in Applicant
Phone Number (    )			

**Proposed Ownership Structure After Transfer/Change\***

Applicant's New (Legal) Business Name		New Trade Name (DBA)			
Physical Address		City		State	ZIP
Mailing Address (if different)		City		State	ZIP
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
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
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
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 or control. 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 or Retail Marijuana license. I authorize the Colorado 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, within 7 calendar days.*

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

# Affirmation & Consent

I, \_\_\_\_\_, as an owner for this licensee, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Business License Change of Ownership/Structure Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana License, and for 90 days following the expiration or surrender of such Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

**Print Full Legal Name of Owner clearly below:**

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date

**Confidential Document:** This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

**Note:** If there are more than four (4) owners, please use a second Affirmation and Consent page (page 3 of 12).



## Applicant's Request to Release Information

*(All signatures must be notarized)*

TO:	FROM: (Applicant's Printed Name)
-----	----------------------------------

1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/ us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
  - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
  - (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

*Continued on next page*

Applicant's Initials

## Applicant's Request to Release Information

*(All signatures must be notarized)*

Last Name (Please Print)	First Name	Middle Name
Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)		Notary Seal
before me this _____ day of _____, 20 ____, in _____, <span style="display: block; text-align: right; font-size: small;"><i>(City)</i></span>		
_____, by _____ <span style="display: block; text-align: right; font-size: small;"><i>(State) (Applicant's Printed Name)</i></span>		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
Spouse's Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)		Notary Seal
before me this _____ day of _____, 20 ____, in _____, <span style="display: block; text-align: right; font-size: small;"><i>(City)</i></span>		
_____, by _____ <span style="display: block; text-align: right; font-size: small;"><i>(State) (Spouse's Printed Name)</i></span>		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Signature of Marijuana Enforcement Division agent presenting this request		Date

*Continued from previous page*





## Marijuana Enforcement Division – Statement of Understanding (initial each line)

I understand I am responsible for knowing and complying with all state laws and regulations governing medical and retail marijuana pursuant to the Colorado Retail Marijuana Code, sections 12-43.4-101 et seq., C.R.S. (“Retail Code”) and the Colorado Medical Marijuana Code, sections 12-43.3-101 et seq., C.R.S. (“Medical Code”), as well as the rules promulgated thereunder pursuant to 1 CCR 212-1 and 1 CCR 212-2. I understand I am being made aware of the following laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my license:

I will not acquire, possess, cultivate, manufacture, test, dispense, sell, serve, deliver, transfer, transport any marijuana on the licensed premises prior to being issued a license to do so by the State Licensing Authority and receiving approval to do so by the local jurisdiction where the license is issued. \_\_\_\_\_ (Rules M 201(E)(3)/R 201(E)(5), M 233/R 233)

I understand that the licensed premises must comply with all security and surveillance requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code and the rules or regulations promulgated in accordance with the Codes, before the licensee can possess, cultivate, manufacture, test, dispense, sell, serve, transport or deliver any marijuana on the licensed premises. \_\_\_\_\_ (Rules M 305, M 306/R 305, R 306)

I understand that all areas of ingress or egress to limited access areas shall be clearly identified as such by a sign as designated by the State Licensing Authority. \_\_\_\_\_ (Rules M 301/R 301)

I understand that at all times I shall possess and maintain possession of the premises for which the license is issued by ownership, lease, rental, or other arrangement of possession of the premises. \_\_\_\_\_ (Rules M 302/R 302; subsections 12-43.3-310(8)(b) and 12-43.4-309(7)(b), C.R.S.)

I understand I must use the State’s Inventory Tracking System as my primary inventory tracking system of record, and to follow all the rules and guidelines set forth for the use of this system. \_\_\_\_\_ (Rules M 309/R 309)

I understand that I am required to keep a complete set of all records necessary to show fully the business transactions of the licensee, all of which shall be open at all times during business hours for inspections and examination by the State Licensing Authority or its duly authorized representatives. \_\_\_\_\_ (Rules M 901/R 901)

I understand that the water supply shall be sufficient for the operations intended and shall be derived from a source that is a regulated water system. Private water supplies shall be derived from a water source that is capable of providing a safe, potable, and adequate supply of water to meet the License Premises needs. \_\_\_\_\_ (Rules M 504(B)(10)/R 504(B)(10))

I understand that any medical marijuana and/or retail marijuana and/or infused product must meet the labeling and packaging requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code, and all rules or regulations promulgated in accordance with the Codes. \_\_\_\_\_ (Rules M 1000 Series/R 1000 Series)

I understand that the licensed premises, including any places of storage where medical marijuana and/or retail marijuana and/or infused products are stored, sold, dispensed or tested, shall be subject to inspection by the state or local jurisdictions and their investigators, during all business hours and other times of apparent activity. \_\_\_\_\_ (Rules M 1202/R 1202)

I understand that I must cooperate with employees and investigators of the Marijuana Enforcement Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to the Medical and Retail Codes. \_\_\_\_\_ (Rules M 1202/R 1202)

I understand that I shall not by any means, interfere with, obstruct or impede the State Licensing Authority, or employee or investigator of the Marijuana Enforcement Division from exercising their duties, pursuant to the provisions of the Medical and Retail Codes and all rules promulgated pursuant to it. \_\_\_\_\_ (Rules M 1202/R 1202)

I have read all of the above information and understand my responsibilities as a medical marijuana and/or retail marijuana business licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement, may result in criminal charges and/or may be grounds for disciplinary action including, but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

Licensee’s Business Name	Business License Number	
Owner’s Printed Name	Owner’s Signature (sign in front of notary)	Date



## Marijuana Enforcement Division – Statement Of Understanding

### Affidavit

Licensee's Full Printed Name	Badge Number
Licensee's Signature	Date
State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20 ____, in _____, <small>(City)</small>  _____, by _____ <small>(State)</small> <small>(Applicant's Printed Name)</small>	Notary Seal
Signature of Notary Public	
Printed Name of Notary Public	
Notary Public, State of _____	
My Commission Expires _____	

## Tax Check Authorization and Request To Release Information

I \_\_\_\_\_ am signing this waiver on behalf of \_\_\_\_\_ (the "Applicant/Licensee") to permit the Internal Revenue Service (IRS), the Colorado Department of Revenue, and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 12-43.3-202(1), 12-43.3-307(1)(g), 12-43.4-202, and 12-43.4-306(f), C.R.S. This waiver is made pursuant to 26 U.S.C. § 6103(c); section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an occupational license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to sections 12-43.3-311 or 12-43.4-310, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the IRS, the Colorado Department of Revenue, and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file a Federal income tax return by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the IRS gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into an Offer and Compromise or payment plan with the IRS and whether Applicant/Licensee is current on any payments required by said Offer and Compromise or payment plan.
4. Whether the Applicant/Licensee has failed to file any state or local tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
5. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
6. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

*Continued on next page*

Applicant/Licensee authorizes the IRS, the Colorado Department of Revenue, and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the IRS, the Colorado Department of Revenue, and any other state or local taxing authority in any administrative action regarding the application or license. To assist the IRS, the Colorado Department of Revenue, and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

Applicant's Name (Individual/Business)	Social Security Number/Tax Identification Number		
Street Address	City	State	Zip Code
Home Telephone Number	Business/Work Telephone Number		

**If you are/were married and filed joint tax returns, your spouse must provide the following.**

Spouse's Name	Social Security Number/Tax Identification Number
---------------	--

*(All signatures must be notarized)*

Legal Last Name (Please Print)	Legal First Name	Full Middle Name
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Applicant's Signature

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me  this _____ day of _____, 20 ____, in _____, <small>(City)</small>  _____, by _____ <small>(State)</small> <small>(Applicant's Printed Name)</small>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
-----------------------------------	---------------------	------------------

Spouse's Signature

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me  this _____ day of _____, 20 ____, in _____, <small>(City)</small>  _____, by _____ <small>(State)</small> <small>(Spouse's Printed Name)</small>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

Signature of Marijuana Enforcement Division agent presenting this request	Date
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**Privacy Act Statement**

Requesting your Social Security Number is voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).



## Marijuana Ownership and Funding Certification

Medical Marijuana Business

Retail Marijuana Establishment

On behalf of the Applicant Business Entity, I certify under the penalty of perjury, that on the date signed:

- The ownership described below is accurate and complete and includes **all** shareholders or other owners of the Applicant Business Entity, including members of business entities that share in the ownership in the Applicant Business Entity, no matter how slight the ownership interest.
- The list of associated persons is complete and includes **all** corporate or company officers, directors (including outside or independent directors), partners, and all persons who have the ability to exercise control over the management policies of the Applicant Business Entity, along with accurate titles or positions.

**Note:** Business entities that own the Applicant Business Entity, in whole or in part, must provide details of their ownership structure.

On behalf of the Applicant Business Entity, I further certify under the penalty of perjury that on the date signed:

- All investments and funds used to start and/or finance this Applicant Business Entity have been disclosed and accurately reported.
- These investments and funds were obtained from fully disclosed, legal and legitimate sources.
- These investments and funds are not involved in any criminal or money laundering activity, are clear and unencumbered, and are not derived from any illegal activities.

**Upon signature below the applicant also understands and agrees no change of ownership or change of location will be accepted by the State Licensing Authority, Marijuana Enforcement Division until the applicant's license(s) are approved.**

Signature	Title or Position	Proposed Ownership %
Typed or Printed Name	Applicant Business Entity Name	MED Business License #
Signature	Title or Position	Proposed Ownership %
Typed or Printed Name	Applicant Business Entity Name	MED Business License #
Signature	Title or Position	Proposed Ownership %
Typed or Printed Name	Applicant Business Entity Name	MED Business License #
Signature	Title or Position	Proposed Ownership %
Typed or Printed Name	Applicant Business Entity Name	MED Business License #

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**Note:** If there are more than four (4) owners, please use a second Marijuana Ownership and Funding Certification page (page 11 of 12).



## Owner Acknowledgement/Affirmation

The undersigned owner hereby acknowledges and affirms that he/she consents to and agrees with the proposed application(s) identified below. He/she further affirms that the owners listed on the application collectively hold (or will hold) 100% of the ownership of each affected license listed below.

The purpose for the proposed application(s) is to:

<b>The application(s) affects the following license(s) issued by the State Licensing Authority</b>		
1.	4.	7.
2.	5.	8.
3.	6.	9.

**Additional license(s) shall be listed on a separate sheet and attached to this form.**

He/she states under penalty of perjury that the entire application form(s), statement(s), attachment(s) and supporting documentation are true and correct to the best of his/her knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the denial of the proposed application(s).

Signature	Title or Position	Ownership %
Typed or Printed Name	AK/Owner Badge Number	

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