COLORADO
Department of Revenue
Enforcement Division - Marijuana

Business License Change of Ownership/ Structure Application

Marijuana Enforcement Division

DR 8535 (01/06/16)

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
- ☐ Distributing ownership to new persons who will have ownership or controlling interest
- ☐ 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 unsure whether a question applies or unsure what information to provide, contact any Marijuana Enforcement Division office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

☐ *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
- ☐ Investigation Authorization/Authorization to Release Information
- ☐ Surrender of Associated Key License (if applicable)

☐ *3* **All Requested Information Attached**

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

- ☐ Amended pages [redacted] of Medical (DR8530) [redacted] Business License Application
- ☐ Statement of Understanding for each person (see website)
- ☐ Ownership and Funding Certification and Affidavit for each **current** person (see website)
- ☐ Ownership and Funding Certification and Affidavit for each **proposed** person (see website)
- ☐ Evidence of a local application for the proposed change
- ☐ Evidence of Secretary of State Notification
- ☐ New or amended operating agreement
- ☐ New or amended lease
- ☐ [redacted]
- ☐ Request for Voluntary Surrender of License (if applicable)
- ☐ Sales contract, agreement, meeting minutes reflecting removal of owner with acknowledgement
- ☐ [redacted]
- ☐ Floor plans of each facility, (to scale), on 8.5 X 11 inch paper
- ☐ Copy of the current Medical or Retail Marijuana State Tax or Wholesale License
- ☐ NEW notes, security agreements, consulting agreements or material financial agreements
- ☐ Additional copy of application

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

☐ *5* **Bring in Application (BY APPOINTMENT ONLY)**

Submit appointment request to dor_med_appointments@state.co.us and you will be contacted to set up a time.
If distributing ownership to new persons who will have ownership or controlling interest- Appointment Required. 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
455 Sherman Street, Suite 390
Denver, CO 80203
ATTN: Licensing

NOTE: Incomplete applications WILL NOT be processed. Applicants must collect the incomplete application and fees from the Denver office prior to the end of the next business day.

DR 8535 (01/06/16)
COLORADO DEPARTMENT OF REVENUE
Marijuana Enforcement Division
455 Sherman Street, Suite 390
Denver CO 80203
www.colorado.gov/revenue/med

Change of Ownership/Structure

Directions: Submit this form, written documentation of proposed transfer(s) or change(s), the transfer of ownership fee, and any applicable associated key applications for new members of the ownership/control structure of the licensed entity.

Current Licensed (Legal) Business Name	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, 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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.

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No
Address	City	State	ZIP	Phone Number ( )
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Name	Title	SSN/FEIN	DOB	App submitted? ☐ Yes ☐ No
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Name	Title	SSN/FEIN	DOB	App submitted? ☐ Yes ☐ 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? ☐ Yes ☐ 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 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/principal 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/Principal clearly below:

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

State of _____, County of _____ Subscribed and sworn to (or affirmed)

before me this _____ day of _____, 20 ___, in _____,
(City)

_____, by _____
(State) *(Applicant's Printed Name)*

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires

Notary Seal

Signature of Marijuana Enforcement Division agent presenting this request	Date

Investigation Authorization
Authorization to Release Information

I, _____, as an owner/principal for this licensee, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as “confidential” or “non-public” under the provisions of state or federal laws. I understand by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as “confidential” or “non-public” under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of of Owner/Principal clearly below:

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

State of _____, County of _____ Subscribed and sworn to (or affirmed)

before me this _____ day of _____, 20 ___, in _____,
(City)

_____, by _____
(State) *(Applicant's Printed Name)*

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires

Notary Seal

Signature of Marijuana Enforcement Division agent presenting this request	Date

COLORADO
Department of Revenue
Enforcement Division - Marijuana

MARIJUANA OWNERSHIP AND FUNDING CERTIFICATION

[ ] Medical Marijuana Business	[ ] Retail Marijuana Establishment

On behalf of the Applicant, I certify under the penalty of perjury 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 – including management and/or consulting companies, no matter how slight the ownership interest.
- The list of associated persons below 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 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, 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's 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. (Retail Only)

x_____ _____ _____
Signature Title or Position Ownership %

_____ _____ _____
Typed or Printed Name Business Name MED Lic. #

==========

County of _____ State of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20_____ in _____ , _____

_____
Notary Public Signature

_____
Printed Name of Notary Public

Notary Public, State of _____

My Commission Expires: _____

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. *Revised: 09/01/2015*

COLORADO
Department of Revenue
Enforcement Division - Marijuana

MARIJUANA ENFORCEMENT DIVISION - STATEMENT OF UNDERSTANDING

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 202/R 202, 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 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 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 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 shall retain all books and records necessary to show fully the business transactions of the business for a period of the current tax year and the three preceding tax years._____ (Rules M 901/R 901)

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 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 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 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 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

COLORADO
Department of Revenue
Enforcement Division - Marijuana

MARIJUANA ENFORCEMENT DIVISION - STATEMENT OF UNDERSTANDING

AFFIDAVIT

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

20_____ in _____ , _____ ,
(City) (State)

by _____
Applicants Printed Name

(Seal)

_____
Notary Public Signature

_____
Printed Name of Notary Public

Notary Public, State of _____

My Commission Expires: _____

DR 8530 (04/15/16)
COLORADO DEPARTMENT OF REVENUE
MARIJUANA ENFORCEMENT DIVISION
455 Sherman Street, Suite 390
Denver, CO 80203

Colorado Marijuana Licensing Authority

Business License Application

License Types & Fees (Check only **ONE** application type. See Application Checklist for details on license types and fees.)

- ☐ Medical Marijuana Center (Type 1; up to 300 patients)
- ☐ Medical Marijuana Center (Type 2; 301 to 500 patients)
- ☐ Medical Marijuana Center (Type 3; 501 or more patients)
- ☐ Medical Marijuana–Infused Products Manufacturer
- ☐ Affiliated Business
- ☐ Medical Marijuana Testing Facility

Fill out a separate Appendix A form (DR 8544) for each optional premise cultivation license you are applying for.

Applicant's Legal Business Name (Please Print)	Marijuana License Number (Assigned by Division)
Trade Name (DBA) (Provide Trade Name Registration)	Website Address

Physical Address

Street Address of Medical Marijuana Business (Use Appendix A for Optional Premises Cultivation Information)				Business Phone Number ( )
City	County	State	ZIP	Email Address

Mailing Address (if different from Physical Address)

Address	City	State	ZIP

On a separate sheet, list all principal places of business for the past 10 years if different from above.

Primary Contact Person for Business	Title	Primary Contact Phone Number ( )
Primary Contact Address (city, state ZIP)		Primary Contact Email ( )

Federal Taxpayer ID	Colorado Sales Tax License #	Entity ID number shown on Secretary of State Registration

Type of Business Structure

- ☐ Sole Proprietorship
- ☐ C Corporation
- ☐ Partnership
- ☐ S Corporation
- ☐ Limited Partnership
- ☐ Publicly Traded Corporation
- ☐ Limited Liability Company
- ☐ Trust
- ☐ Other _____

State of Incorporation or Creation of Business Entity	Date

Date of Qualification to Conduct Business in Colorado (Provide Certificate of Good Standing from the Colorado Secretary of State's Office)

If a Corporation, List all States Where the Corporation is Authorized to Conduct Business

List all Trade Names used by the Business Entity (other than above)

Attach certified copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such.

If a corporation, attach copies of all annual and bi-annual reports, SEC filings, if any, and all minutes from all corporate meetings for the past 12 months.

	Yes	No
1. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?	☐	☐
2. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state);		
(a) been denied a privileged license (ie: Liquor, Gaming, Racing and Marijuana)?	☐	☐
(b) had a privileged license (ie: Liquor, Gaming, Racing and Marijuana) suspended or revoked?	☐	☐
(c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing and Marijuana) license denied, suspended or revoked?	☐	☐
If you answered yes to 2a, b or c, explain in detail on a separate sheet.		
3. Are the premises to be licensed within 1000 feet of a school (as defined in 12-43.3 104 (15) C.R.S.), alcohol or drug treatment facility, principal campus of a college, university, or seminary, or a residential childcare facility? If YES, then include a copy of a waiver or ordinance from the local jurisdiction where the business is located.	☐	☐
4. Has a Marijuana license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If YES, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.	☐	☐

5. Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession. Deed, Title, sale or lease agreements etc.

☐ Ownership ☐ Lease ☐ Other (Explain in Detail) _____

(a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:

Landlord	Tenant	Expires

6. Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business, including security equipment locations. This diagram should be no larger than 8 1/2" X 11". (It does not have to be to scale)

7. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	FEIN OR SSN	Interest

8. Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.

Local Licensing Authority (To be completed by Applicant)

Local Licensing Authority		Address
Local Licensing Authority contact name	Contact Phone	Contact Email
Date of Application With Local Authority	Date of Approval	Date of Expiration

	Yes	No
9. Has the Applicant filed for an Optiional Premise Cultivation License?	☐	☐

What City or County? (Fill out Appendix A completely)	Marijuana OPC License Number (Assigned by the Division)
Printed Legal Business Name	Printed Trade Name (DBA)

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. An Associated Key License Application form must be submitted for all persons in a privately held company or a publicly traded corporation, and all officers and directors.

Name	Title	SSN/FEIN	DOB	App submitted? ☐ Yes ☐ 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? ☐ Yes ☐ No
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Business Associated with (Parent business or sub-entity)	Own. % Business Associated with			Effective Own. % in Applicant

Are there any outstanding options and warrants?

☐ Yes ☐ No *If YES, attach list of persons with outstanding options and warrants

Are there any other persons, other than those listed in the Ownership Structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the Marijuana business?

☐ Yes ☐ No *If YES, attach list of persons and submit Associate Key License Application forms for each person