

Marijuana Enforcement Division Report of Changes

Current License Number (All Answers Must Be Printed Legibly or Typewritten)			
1. Legal Business name requesting duplicate license/changes or Person requesting duplicate badge			
2. Current Trade Name			
3. Business address or personal address if requesting a duplicate badge			
City		State	ZIP
4. Primary Contact Person for Business		Primary Contact Phone Number ()	
Title			
Primary Contact Address			
City		State	ZIP
Primary Contact Email			
<p>Select the Appropriate Section Below and Proceed to The Instructions on Page2. (Please refer to fee schedule on the website—www.colorado.gov/revenue/med)</p>			
Section A—Duplicate License		Section B	
<input type="checkbox"/> Duplicate Business License	\$	<input type="checkbox"/> Change Trade Name Permit (ea)	\$
<input type="checkbox"/> Duplicate Badge	\$	<input type="checkbox"/> Change Location Permit – Medical (ea)	\$
		<input type="checkbox"/> Change Location Permit – Retail (ea)	\$
		<input type="checkbox"/> Change, Alter or Modify Premises (ea)	\$
<p>Oath of Applicant (For Duplicate License or Badge Only) I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.</p>			
Signature			Date
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			Total Amount Due
			\$.00

Instruction Sheet

For All Sections, Complete Questions 1-4 Located on Page 1

(Please refer to fee schedule on the website—www.colorado.gov/revenue/med)

Section A

For a Duplicate Badge or Business License be sure to include the license number on page 1 and sign at bottom. Separate applications are required for each license.

Section B

A separate application packet must be submitted for each license affected by the change. Check the appropriate box below and proceed to section C beginning on the next page. **INCLUDE ALL PAGES OF THE APPLICATION AND ATTACHMENTS.**

- 1) **To Change Trade Name:** go to page 3 and complete question 1. Submit the necessary information and proceed to page 4 for Oath of Applicant signature (Must be an original signature of a current owner on each application).
- 2) **To Change Location:** go to page 3 and complete question 2. Submit the necessary information and proceed to page 4 for Oath of Applicant signature (Must be an original signature of a current owner on each application). Be sure to include a complete original application and complete copy at the time of submittal.
- 3) **To Modify Premises:** go to page 4 and complete question 3. Submit the necessary information and proceed to Oath of Applicant signature (Must be an original signature of a current owner on each application).

Section C

1. Change Trade Name

Change of Trade Name / DBA only (Attach the following supporting documents)

1. Copy of Change of Trade Name or Amendment filed with the Colorado Secretary of State
2. Copy of new Trade Name registration

Old Trade Name	New Trade Name	
Business Physical Address		
City	County	ZIP

2. Change of Location

(Note: Licensees may not move their licensed premises until approved by state and local authorities.)

A. Address of current premises

Address

City	County	ZIP
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B. Address of proposed new premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)

Address

City	County	ZIP
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C. New Mailing Address if Applicable.

Address

City	County	ZIP
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D. Attach detailed diagram of the premises and include a separate security drawing.

E. Attach amended first page of New Retail or New Medical application.

F. One complete original COL application packet + one complete copy of the same is required.

G. Will the proposed change result in the licensed premises now being located within 1000 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?
 (If yes, explain in detail, describe any exemptions that apply and provide a copy of the exemption or local ordinance) Yes No

Report and Approval of Local Licensing Authority (City / County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Article 43.3 or 43.4, C.R.S., as amended. **Therefore, this application is approved.** (Provide local stamp/seal on this page for proof of approval with signature).

Local Licensing Authority (City or County)	Date Filed With Local Authority	
Signature of Local Licensing Representative	Title	Date

3. Modification of Premises

(Note: Licensees may not modify their licensed premises until approved by state and local authorities.)

A. Describe Change proposal in detail. NOTE: "See attached" or "Complete remodel" will not be accepted.

B. Will the proposed change result in the licensed premises now being located within 1000 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?

(If yes, explain in detail, describe any exemptions that apply and provide a copy of the exemption or local ordinance)..... Yes No

C. Attach a diagram of the current licensed premises and a **separate diagram of the proposed changes** for the licensed premises including security equipment locations.

D. Attach any existing lease that is revised due to the modification.

E. Attach proof of Landlord consent for modification.

F. If Medical only or if Retail and Medical co-located, must provide proof from local licensing authority demonstrating **APPROVAL** of modification.

G. If Retail only, provide **PROOF OF APPLICATION** of premises modification to local licensing authority.

Proof of application may be one of the following (or may be the signed local approval below):

Date stamped copy of local application

Letter/email from local authority acknowledging receipt of application

Issued permit from local authority

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature of Owner/Principal	Title	Date
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Printed Name of Owner/Principal

Report and Approval of Local Licensing Authority (City / County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Article 43.3 or 43.4, C.R.S. , as amended. **Therefore, this application is approved.** (Provide local stamp/seal on this page for proof of approval with signature).

Local Licensing Authority (City or County)	Date Filed With Local Authority
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Signature of Local Licensing Representative	Title	Date
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