



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

# Marijuana Enforcement Division Report of Changes Application

**Marijuana Enforcement Division**

## Can You Submit One Report of Changes Application for Multiple Business Licenses?

Please note a separate application and fee is required for each application type (MOP, COTN, COL).

In an ongoing effort to streamline business efficiencies for marijuana licensees, the Marijuana Enforcement Division has updated the **Report of Changes Application (Change of Trade Name, Change of Location, Modification of Premises)** to permit a licensee to submit one application for multiple marijuana business licenses (medical or retail) operating under one legal business entity name. **It's important to note that this singular submission option applies to:**

1. Marijuana licenses operating under one legal business entity name;
2. Applications for which all the information provided equally applies to all the marijuana licenses noted in the singular application.

<b>All Report of Changes Applications</b>	
Does your change (of trade name, location, or modification) apply to licenses operating under one legal business entity name?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Change of Trade Name</b>	
Is the proposed trade name the same for all licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Change of Location</b>	
Is the proposed new physical address the same for all licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Modification of Premises</b>	
Are the licenses at the exact same physical address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all proposed modifications for the licenses at this address included in the "Description of Changes"?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>If you answered YES to all questions that apply to your change, you may be able to submit one Report of Changes application for all licenses affected by the change.</b>
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Please note MED staff cannot advise with certainty regarding the number of applications required for a report of changes without first initiating an investigation.

The MED will accept **complete** applications as they are submitted. Note fees for multiple application submissions may not be refundable. Further, if you submit one application that in fact requires separate application submissions, the assigned investigator will contact you and inform of the need to submit additional applications, which may delay any further review and processing of your changes.

# Colorado Marijuana Enforcement Division

## Report of Changes Application Instructions

### ***APPLICATION CHECKLIST***

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

#### **1 Types of Changes**

**(refer to previous page for guidance on multiple licenses on one application)**

A separate application packet must be submitted for each license affected by the change. Check the appropriate box below and proceed to the next page. **INCLUDE ALL ATTACHMENTS.**

- 1) **To Change Trade Name (COTN):** Complete the COTN section on page 1. Submit a copy of the New Trade Name registration (from the Secretary of State's Office).
- 2) **To Change Location (COL):** Complete the COL section on page 2 of the application. Include any required documentation.
- 3) **To Modify Premises (MOP):** Complete page 3 of the application. Include any required documentation.

#### **2 Application Submittal**

Bring in or mail in application (check or money order only if mailed) and all attachments and requisite fees to:

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

**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.

## Marijuana Enforcement Division Report of Changes

(Keep a copy of this application for your records)

License Number(s) (All Answers Must Be Printed Legibly or Typewritten)		
1. Legal Business Name		
2. Current Business Address		
City	State	ZIP
3. Primary Contact Person for Business		Primary Contact Phone Number (    )
Title		
4. Mailing Address for Business		
City	State	ZIP
Primary Contact Email		
<b>1. Change Trade Name</b>		
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		
<b>COTN - Oath of Applicant</b>		
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.		
Printed Last Name of Owner/Principal	First Name	Full Middle Name
Title		Date
Signature of Owner/Principal		
Pursuant to 44-10-305(4) prior to submitting an application for a license, registration or permit, the applicant needs to be aware that having a medical marijuana or retail marijuana license and working in the medical marijuana or retail marijuana industry may have adverse federal immigration consequences.		

**2. Change of Location - Local Licensing conditional approval must be provided prior to MED approval. Per Rule 2-255**

(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 (Diagrams to be single-sided on 8.5x11 inch paper, preferably in color).

E. Is this change of location intended to collapse a retail or medical cultivation with another? If so, please identify the license collapsing into.

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

**COL - 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.

Printed Last Name of Owner/Principal	First Name	Full Middle Name
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Title	Date
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Signature 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 44, Article 10, C.R.S., as amended. **Therefore, this application is approved. (Provide local stamp/seal on this page for proof of approval with signature).**

Printed Name of Local Licensing Rep

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

**3. Modification of Premises - Local Licensing conditional approval must be provided prior to MED approval. Per Rule 2-260**

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

A. Describe change proposal in detail. NOTE: "Complete remodel" or "See floor plans" 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?  Yes  No  
 (If yes, explain in detail, describe any exemptions that apply and provide a copy of the exemption or local ordinance)

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 REVISED lease, only if it was revised due to the modification.

E. Attach proof of Landlord consent for modification (This may be the revised lease).

**MOP - 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.

Printed Last Name of Owner/Principal	First Name	Full Middle Name
Title		Date
Signature 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 44, Article 10, C.R.S. , as amended. **Therefore, this application is approved. (Provide local stamp/seal on this page for proof of approval with signature).**

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



## **Payment Options:**

You may pay by check, money order, bank check, cashier's check or credit card. **DO NOT** send cash in the mail.

If you would like to pay by credit card, please fill out the information below, and the Marijuana Enforcement Division will manually enter the information into the credit card system. However, please note, you will be charged \$.75 + 2.25% service fee from the credit card payment system, Colorado Interactive, based on the total amount of your application fee.

If you do not wish to enter your credit card information below, another option is for us to send you a link directly. This will allow you to pay online yourself via the Colorado Interactive Payment System.

Using a credit card is not a required form of payment. If you choose not to use a credit card, then please submit your application with one of the above listed paper payment options instead.

### **Type of payment being submitted:**

Check    Money Order    Cashier's/Bank Check    email cc link    CC form below

Card Type:  Visa    MasterCard    Other (List type) \_\_\_\_\_

Expiration Date of Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card #: (Please print legibly) \_\_\_\_\_

***If you choose to pay by credit card and enter the information above, once the payment has been entered into the Colorado Interactive credit card payment system and a receipt is generated, we will forward you the receipt and destroy this page. The Division WILL NOT keep this information on file.***