



COLORADO
Department of Revenue
Enforcement Division – Marijuana

Marijuana Enforcement Division Report of Changes

Marijuana Enforcement Division

Marijuana Enforcement Division Report of Changes Application Instructions

APPLICATION CHECKLIST

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

1 Types of Changes

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 States Office).
- 2) **To Change Location (COL):** Complete the COL section on page 2 of the application. Include any required documentation.
- 3) **To Modify Premises (MOL):** 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.

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(Keep a copy of this application for your records)

License Number (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		
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	
COTN-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
Printed Name of Owner/Principal		

2. Change of Location - Local Licensing conditional approval must be provided prior to MED approval.
 (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 list 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.

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 44, Article 11 or 12, 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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Signature of Local Licensing Representative	Title	Date
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3. Modification of Premises - Local Licensing conditional approval must be provided prior to MED approval.

(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?

(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 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.

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 44, Article 11 or 12, 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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Signature of Local Licensing Representative	Title	Date
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