



Updated 04/24/19

Applicant Business: \_\_\_\_\_

**RETAIL MARIJUANA APPLICATION CHECKLIST-NEW**

Applications will be accepted by **appointment only**. Call 970-416-4206 to schedule an appointment.

Date/Time of appointment: \_\_\_\_\_

License Type: \_\_\_\_\_

**It is recommended that you retain an attorney to assist you with this application process. No city staff member is permitted to provide any legal advice regarding the marijuana business license application or any documents submitted. The applicant is responsible for compliance with all code and rule requirements.**

Applications must be **complete** in all aspects. All documents must be typed or legibly printed in ink. Please organize your application documents in the same order as the checklist below and place the checklist on top. Incomplete applications will not be accepted. The City Clerk’s Office **will not provide** notary services for application documents. **Please note:** Applicant **MUST** follow State (Marijuana Enforcement Division-MED) rules and Local rules for when applying for new marijuana license(s). The two segments of Colorado’s marijuana industry are separate and distinct and are governed by two different sets of statutes, and rules. City of Fort Collins Marijuana business licenses are valid for one year.

MAIN APPLICATION DOCUMENTS Review CRS 44-12-301 & CRS-44-12-309 and <a href="#">FCMC 15-612</a>	
A copy of the New Retail Business application packet you submitted to the <a href="#">Colorado Marijuana Enforcement Division (MED)</a> will be provided to the City of Fort Collins by the MED. Date Ft. Collins rec’d MED (State) Application: _____	
	Oath of Application (Fort Collins Form) one per application
	Authorization and Consent to Release Information (Business) (City of Fort Collins Form)
	<b>MED Form: New Retail Business License Application</b> <a href="#">DR 8548 License Application</a> for each license type <b>Must submit separate application for each business license. Single Sided.</b>
	Other: Supporting documents such as Detail Action Sheet and or supplemental documents supporting business license application is attached. <b>Use Detail Action Sheet (DAS) excel separate sheet (see attached document)</b> , including jurisdiction, type of action and date of action) for each license held by same entity or connected to any of the individuals that are a party to the license being transferred. (Fort Collins Form)
	City <a href="#">Sales Tax</a> license or copy of application (Fort Collins Form) <b>Copy of the State Sales Tax License</b>
	<b>License Fees: DUE AT APPLICATION APPOINTMENT. Checks payable to the City of Fort Collins or money orders accepted. No Cash will be accepted.</b>

- **Internal Use:**
- Date Criminal Background Investigation completed: \_\_\_\_\_
- Date of Police approved floor plan: \_\_\_\_\_

**New Marijuana Business License Checklist: Retail Marijuana**





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	Written consent of owner to lease property to a marijuana establishment
	<p><b>Proof of possession of property (deed or lease)</b> for marijuana business.</p> <p><b>[CRS 44-12-309(7)(b)]</b> Lease expiration date: _____</p> <ul style="list-style-type: none"> <li>Leases must be current and valid for at least one (1) year from date of execution of the lease and long enough to cover the term of the renewed license. Option-to-lease documents are not acceptable. Include all amendments, addendums and extensions.</li> </ul> <p>Deed or lease must be in the name of the marijuana license applicant</p>
	<p><b>Poudre Fire Authority (PFA) Forms: to be reviewed and initialed by applicant</b></p> <ul style="list-style-type: none"> <li>Code Requirements for Marijuana Grow Operations</li> <li>Code Requirements for Marijuana Manufacturer Facility (MIP)</li> <li>Fire Prevention Policy</li> </ul> <p><input type="checkbox"/> Attached                      <input type="checkbox"/> Documentation has been forwarded to PFA</p>
	<p><b>All License Types:</b> Are/will consumable marijuana or hemp products such as edibles, tincture, capsules, oral sprays, or extracted oil used in edibles ever be produced, stored, or sold at the facility?                      <input type="checkbox"/> Yes or <input type="checkbox"/> no</p>
	<p><b>Cultivation Facilities:</b> Do you perform water extractions?</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> no                      <input type="checkbox"/> NA</p>
	<p><b>Infused Product Manufacturers:</b> What type(s) of extraction do you perform?</p> <p><input type="checkbox"/> Butane    <input type="checkbox"/> Propane    <input type="checkbox"/> Carbon Dioxide    <input type="checkbox"/> Ethanol    <input type="checkbox"/> Isopropanol                      <input type="checkbox"/> Acetone</p> <p><input type="checkbox"/> Heptane    <input type="checkbox"/> Pentane                      <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> NONE                      <input type="checkbox"/> Business leases/rent equipment</p>
<b>BUSINESS ENTITY DOCUMENTS</b> Review CRS 44-12-309	
	<p><b>For a Corporation:</b></p> <ul style="list-style-type: none"> <li>Articles of incorporation-must be stamped by Secretary of State</li> <li><a href="#">Certificate of Good Standing</a></li> <li>Articles of organization, including amendments</li> <li>Operating agreement</li> <li>Minutes of first board meeting- for new corporations less than 2 years old</li> <li>Certificate of Authority- if foreign company only and dated within the past two years</li> </ul>
	<p><b>For a Limited Liability Company: if there are multiple LLCs, please include all information</b></p> <p><input type="checkbox"/> <a href="#">Certificate of Good Standing</a></p> <p><input type="checkbox"/> Articles of organization, including amendments</p> <p><input type="checkbox"/> Operating agreement for LLC(s)</p> <p><input type="checkbox"/> Certificate of Authority- if foreign company only and dated within the past two years</p>
	<p><b>For a Partnership:</b></p> <ul style="list-style-type: none"> <li>A partnership agreement</li> </ul>

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	<ul style="list-style-type: none"> <li>• Proof of registration with the Colorado Secretary of State</li> <li>• Operating agreement</li> </ul>
	<p><b>For a Limited Liability Partnership:</b></p> <ul style="list-style-type: none"> <li>• Articles of partnership-must be stamped by Secretary of State</li> <li>• <a href="#">Certificate of Good Standing</a></li> <li>• Articles of organization, including amendments</li> <li>• Operating agreement</li> <li>• Certificate of Authority- if foreign company only and dated within the past two years</li> </ul>
	<p><b>For an Association or Other Entity:</b></p> <ul style="list-style-type: none"> <li>• copy of agreement(s) creating association or relationship between parties</li> </ul>
<p><b>DOCUMENTS RELATING TO INDIVIDUAL PERSONS: Criminal Background Check</b></p> <p>Review CRS 44-12-306 &amp; <a href="#">FCMC 15-612</a></p>	
	<p><b>Form of identification</b> (must contain a <b>photo</b>) for each person: Color copy please</p> <p><input type="checkbox"/> Driver's license      <input type="checkbox"/> State Issued Picture ID      <input type="checkbox"/> Valid passport</p> <p><b>Other: copy of MED badge (if applicable, include this copy of MED badge)</b></p> <p><input type="checkbox"/> A military identification card      <input type="checkbox"/> An alien registration card (Green Card)</p>
	Oath by Associated Person or Associated Key (Fort Collins Form)
	Authorization and Consent to Release Information (Individual) (Fort Collins Form)
	<p><b>Addendum to DR 8520 / DR 8557</b> (Fort Collins Form)</p> <p><input type="checkbox"/> Supporting documents are attached</p>
	MED <b>Associated Key</b> License Application Form ( <a href="#">DR 8520</a> )
	<p><b>Non-Resident Owner:</b> MED Pre-Suitability Application Form (<a href="#">DR 8557</a>)</p> <p><input type="checkbox"/> State approval letter for Pre-Suitability if applicable is attached</p>
	<p><b>Background checks with <a href="#">IdentoGo</a>: follow separate instruction sheet</b></p> <p>Date that electronic fingerprints were completed: _____</p>
	Indirect Beneficial Interest Owner (IBIO): ( <a href="#">DR 8556</a> )
	<p><b>Other:</b> Affirmation of Passive Investment (<a href="#">DR 8558</a>) i.e. Economic Interest: R 202.1 (H) (2)(c) or Commercially Reasonable Royalty Interest Holder, or Qualified Limited Passive Investment Holder</p>

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<b>OTHER</b>	
	<b>Supporting documents: Name of Supporting document(s):</b> _____ Any other documents that may be necessary to support the new business license application
	<b>Fees: DUE AT APPLICATION APPOINTMENT. Checks payable to the City of Fort Collins or money orders accepted. No Cash will be accepted.</b> <ul style="list-style-type: none"> <li><b>New Application fees</b> are paid to the <b>Marijuana Enforcement Division</b>: refer to <a href="#">MED fee schedule</a> Note: application fees are <b>non-refundable</b></li> </ul> <input type="checkbox"/> Application fee (not currently licensed): \$2500 <input type="checkbox"/> Application fee (Existing): \$250 <b>Total Due to City:</b> _____
	<b>License fees:</b> are paid to the City of Fort Collins at your appointment <ul style="list-style-type: none"> <li><input type="checkbox"/> Retail Store: \$3000      <input type="checkbox"/> Retail Marijuana Cultivation: \$2000</li> <li><input type="checkbox"/> Retail Marijuana Products Manufacturer: \$2000</li> <li><input type="checkbox"/> Retail Marijuana Testing Facility: \$2000      <input type="checkbox"/> Retail Marijuana Operator: \$2000</li> </ul>
	<b>Operating Fees:</b> are due at time of issuance <ul style="list-style-type: none"> <li><input type="checkbox"/> Retail Store: \$5000      <input type="checkbox"/> Retail Marijuana Cultivation: \$3000</li> <li><input type="checkbox"/> Retail Marijuana Products Manufacturer: \$3000</li> <li><input type="checkbox"/> Retail Marijuana Testing Facility: \$3000      <input type="checkbox"/> Retail Marijuana Operator: \$3000</li> </ul>

**Please note:**

The City of Fort Collins reserves the right to request additional information and documentation throughout the course of the application review and must be provided within 7 calendar days of notification. **Keep a copy of the application for your records.**

- **Proof of state approval will need to be submitted, and all the applicable inspections will need to be completed and approved, before a license will be issued.**
- **Applications will be administratively closed if the application process has not been completed within 12 months.**
- **Review [Retail Rules and Regulations](#)**
- **Review [Retail Licensing Authority Rules of Procedure](#)**
- **Review [MED Marijuana Business Owners and Investors webpage](#).**
- **NOTE: Incomplete applications WILL NOT be processed.**

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