

COLORADO DEPARTMENT OF REVENUE
MARIJUANA ENFORCEMENT DIVISION
1697 COLE BLVD., SUITE 200
LAKEWOOD, CO 80203

APPLICANT FILE COPY REQUEST

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Date of request: _____

Applicant's Name: _____

Trade Name of business: _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Information Requested: (personal file or business file – please specify original application, renewals, change of ownership, etc.)

Requesting Person: _____ Contact Phone: _____

Address: _____ Contact Email: _____

City: _____ State: _____ Zip Code: _____

Photo ID Provided (License Number): _____

Attach Copy

NOTICE

Your request to inspect files is based upon the accuracy and completeness of the information you provide on this Copy Request. This request will allow you to obtain copies or access only to the person of interest or a **current** business owner in the file and only documents submitted to the MED by the applicant will be provided.

Colorado Open Records Requests (CORA) should not be made with this form. If you wish to file a CORA request do so at www.colorado.gov/revenue/cora.

If you wish to submit this form electronically, email it to gay.hollar@state.co.us – remember to include a copy of your photo id.

A copy of this request is public information and will be placed in the license file.

Signature _____