



COLORADO
Department of Revenue
Marijuana Enforcement Division

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) and each legal business entity.

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.

All Report of Changes Applications	
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

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

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

Modification of Premises	
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

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

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 — SBG.Colorado.gov/Marijuana-Enforcement)

1 Types of Changes

A separate application packet must be submitted for each license affected by the change, each type of change, and each different legal business entity. **(REFER TO PREVIOUS PAGE FOR GUIDANCE ON MULTIPLE LICENSES ON ONE APPLICATION.)** 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 Upon request by the Division, an Applicant must provide additional information or documents required to process and investigate the application, within seven (7) days of the request.

NOTE: This deadline may be extended for a period of time commensurate with the scope of the request.

3 Application Submittal

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

Marijuana Enforcement Division
1697 Cole Blvd., Suite 200
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 (A separate application is required for each legal business entity)		
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)		
<ol style="list-style-type: none"> 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.		
Printed Last Name of Owner/Principal	First Name	Full Middle Name
Title		Date
Signature of Owner/Principal		
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER		REQUIRED
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
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
C. New Mailing Address if Applicable.		
Address		
City	County	ZIP
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)		<input type="checkbox"/> Yes <input type="checkbox"/> 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
Title	Date	
Signature of Owner/Principal		

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

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	

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

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?

(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).

F. For changes to Mobile Premises, attach the completed Mobile Hospitality Business Addendum D from the Marijuana Hospitality Business License application (Form DR 8565).

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

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

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

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED