

Disclosure

Change of Executive Officers or Members of Board of Directors

Please use this form to disclose changes exempt from the Change of Owner Application requirement RELATED TO Executive Officers and members of a Board of Directors pursuant to Rule 2-245(C)(4), 1 CCR 212-3. The Regulated Marijuana Business must submit this disclosure with any documents required by Rule 2-245(C)(4), 1 CCR 212-3. These changes apply to all licenses held by an entity, and all license numbers must be listed on this disclosure.		
Date Submitted	Effective Date of Change	
Name of Regulated Marijuana Business or Owner Entity affected		
Regulated Marijuana Business License Number(s) or Owner Entity License Number	Local Licensing Authority or Jurisdiction (if applicable)	
<p>Note: Attach a separate sheet if additional space is required to list all affected license numbers.</p> <p>Fees: There are currently no fees assessed for the Executive Officer and Board of Director changes unless a Finding of Suitability is required. Future fee structures may assess a fee for submission of this Disclosure.</p>		
<p>The following changes must be disclosed to the Division within 45 days of the change [note the below changes may also require submission of request(s) for finding of suitability pursuant to Rule 2-235 (1)(E)]</p> <p> <input type="checkbox"/> Change of Executive Officer <input type="checkbox"/> Change of Member of Board of Directors </p>		
Identification of Disclosed Person(s)		
List all individuals affected by this change		
Name		
Address		
City	State	ZIP Code
Date of Birth	SSN	
Reason for Disclosure	<input type="checkbox"/> Added	<input type="checkbox"/> Removed
Owner's License Number (if known)		
Title		
Owner's Interest Percent (if applicable)		

Identification of Disclosed Person(s) (Continued)

Name			
Address			
City		State	ZIP Code
Date of Birth		SSN	
Reason for Disclosure		Owner's License Number (if known)	
<input type="checkbox"/> Added <input type="checkbox"/> Removed			
Title			
Owner's Interest Percent (if applicable)			

Name			
Address			
City		State	ZIP Code
Date of Birth		SSN	
Reason for Disclosure		Owner's License Number (if known)	
<input type="checkbox"/> Added <input type="checkbox"/> Removed			
Title			
Owner's Interest Percent (if applicable)			

Note: Use a copy of this page #2 if space is required for additional names

I hereby affirm the information provided is true and accurate to the best of my knowledge and belief. I further affirm that I am a Controlling Beneficial Owner (CBO) of the Regulated Marijuana Business for which this disclosure applies and I am authorized to submit this disclosure for the above-named Regulated Marijuana Business.

Printed Name of Controlling Beneficial Owner
Signature of Controlling Beneficial Owner
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER
REQUIRED
Controlling Beneficial Owner Email Address