

Disclosure

Changes Exempt From the Change of Owner Application

Please use this form to disclose changes exempt from the Change of Owner Application requirement pursuant to Rule 2-245(C), 1 CCR 212-3. The Regulated Marijuana Business must submit this disclosure with any documents required by Rule 2-245(C), 1 CCR 212-3 (Asset Purchase Agreement, revised Operating Agreement, etc.) and the fee(s) required by Rule 2-205(F)(2)(b), 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
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Name of Regulated Marijuana Business or Owner Entity affected

NOTE: If Entity owns multiple licenses, submit only one Disclosure form and list all licenses owned below.

Regulated Marijuana Business License Number(s) or Owner Entity License Number	Local Licensing Authority or Jurisdiction (if applicable)

NOTE: Attach a separate sheet if additional space is required to list all affected license numbers.

Fees: The \$800 fee for changes exempt from the change of owner application requirement applies to each license subject to the change and is due at the time of submission of this disclosure.

Type of Change

Change of Entity Type
 Change of Legal Name
 Change of Entity Jurisdiction

NOTE: The above changes must be disclosed to the Division within fourteen (14) days of the change, and such disclosure must include the documents listed under Rule 2-245(C)(1)(a)-(f) and the fee(s) required by Rule 2-205(F)(2)(b). These exemptions apply only if the Owner's Interests will remain the same, and there will be no new Controlling Beneficial Owners.

Reallocation of Owner Interests Among Existing Controlling Beneficial Owner(s)

Passive Beneficial Owner to Controlling Beneficial Owner
 (applies if the Passive Beneficial Owner was issued an Owner License prior to August 1, 2019 that is associated with the Regulated Marijuana Business and has continuously maintained that license)

NOTE: The above changes must be disclosed to the Division at the next application submission by the Regulated Marijuana Businesses or Owner Entity (e.g. renewal), and such disclosure must include the fee(s) required by Rule 2-205(F)(2)(b)

Identification of Disclosed Person(s)

List all individuals or entities affected by this change

Name			
Title		Owner's License Number (If Known)	
Address			
City		State	ZIP Code
Date of Birth (If Natural Person)		SSN/EIN	
New Entity Type (If Applicable)			
New Legal Name (If Applicable)			
New Jurisdiction (If Applicable)			

Reason for Disclosure

- Added to Ownership Removed from Ownership Entity Type Change Legal Name Change
 Jurisdiction Change Reallocation of Owner's Interest: New _____% PBO to CBO

Name			
Title		Owner's License Number (If Known)	
Address			
City		State	ZIP Code
Date of Birth (If Natural Person)		SSN/EIN	
New Entity Type (If Applicable)			
New Legal Name (If Applicable)			
New Jurisdiction (If Applicable)			

Reason for Disclosure

- Added to Ownership Removed from Ownership Entity Type Change Legal Name Change
 Jurisdiction Change Reallocation of Owner's Interest: New _____% PBO to CBO

NOTE: Attach a copy of this page #2 if additional space is required. Attach a copy of all documents applicable to the above changes (e.g. Operating Agreements, transaction documents).

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 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	
Controlling Beneficial Owner Email Address	

REQUIRED



Payment Options:

You may pay by check, money order, bank check, cashier's check, eCheck or credit card. **DO NOT** send cash in the mail.

If you wish to pay by credit card or eCheck, please mark that below and the link to the Colorado Interactive Payment site will be emailed to you. However, there is a fee associated with either type of payment and will be displayed at the time of checkout on the Payment portal.

Please note the charge will show as *Colorado Department of Revenue* on your bank statement. If you do not have sufficient funds and the payment is returned, you will be charged a \$41 short check fee (as authorized by statute).

Type of payment being submitted:

Check Money Order Cashier's/Bank Check email payment link