

**OFFICE OF THE DIRECTOR OF EXCISE AND LICENSES
DENVER, COLORADO**

AFFIDAVIT OF STATE LICENSE CHANGE OF LOCATION

Respondent Licensee, _____, DBA _____
Entity Name *Trade Name (if applicable)*

hereby voluntarily represents that the Respondent's Marijuana Business License (Business File No.

20 ____ - BFN - _____) for the premises known and designated as
Year

Current Facility Address

is associated with following State License:

State License No.

Respondent hereby acknowledges that, pursuant to Denver Revised Municipal Code (the "D.R.M.C.") sections 6-217(c) and 24-510(c), the Respondent must receive written approval from the State Licensing Authority for a change of the location of the State License listed above, to the premises known and designated as

Proposed Facility Address

as a pre-requisite condition to the approval of its Application. Respondent acknowledges that the failure to obtain and present approval from the State Licensing Authority as described above may constitute grounds for revocation of its local license, or denial of the Respondent's Application pursuant to D.R.M.C. §§ 32-22 and 32-11.

Respondent understands that the Director will recognize faxed signatures or signatures sent by pdf and that such executed copy of this request is authorized to create an effective original and shall have the full force and effect of an original executed instrument.

RESPONDENT LICENSEE

Business File No.

Printed Name

Date

Signature