



MARIJUANA LICENSE TRANSFER OF LOCATION APPLICATION

Fee: \$750.00 (Per License)

Application Purpose: To change the location of active marijuana business licenses

A single application form may be used to transfer location of multiple licenses at a single address, under a single entity name. For licenses at different addresses and/or under different entity names, please fill out a separate application form for each address/entity.

BFN	AMENDMENT RECORD ID	STATE LICENSE #	LICENSE TYPE

(Amendment # to be filled in by a licensing technician upon application acceptance.)

Entity Name: _____ Trade Name (DBA): _____

(Must match Secretary of State Certificate of Good Standing)

(Must match Secretary of State Statement of Trade Name)

Address of Current Facility:

City: _____ State: _____ Zip Code: _____

New Address of Facility:

City: _____ State: _____ Zip Code: _____

(Note - address ranges are not acceptable, either on the application or on the supporting required documents for this transfer)

New Alarm Permit No.: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Responsible Party/Main Contact

Name _____ Phone _____ E-mail _____

Business must have legal possession of the premises for at least 1 year after license issuance. IF your premise is leased, please fill out the below:

Name of Property Owner: _____ Phone Number of Property Owner: _____

Address of Property Owner: _____ City: _____ State: _____ Zip Code: _____

Expiration Date of Lease: _____

All License Types: Will consumable marijuana or hemp products such as edibles, tinctures, capsules, oral sprays, or extracted oil used in edibles ever be produced, stored, or sold at the facility?	Yes No
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Retail Marijuana Stores: What type of store will you have?	Co-located (Retail & Medical separate entrances)	Co-terminus (Retail & Medical shared area)	Conversion (Retail Only)
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Centers and Stores: Are the premises to be licensed within 1,000 feet of any school, pre-school, child care establishment, retail marijuana store, medical marijuana center, alcohol or drug treatment facilities?	Yes No
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Cultivation Facilities: Are the premises to be licensed within 1,000 feet of any school or residential zone district?	Yes No
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Cultivation Facilities: Do you perform cold water extraction?	Yes No
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Infused Product Manufacturers: What type(s) of extraction do you perform?				
Butane (C ₄ H ₁₀)	Propane (C ₃ H ₈)	Carbon dioxide (CO ₂)	Ethanol (C ₂ H ₆ O)	None
Isopropanol (C ₃ H ₈ O)	Acetone (C ₃ H ₆ O)	Heptane (C ₇ H ₁₆)	Pentane	Other: _____

INTERNAL USE
ONLY

Required Documentation:

- 1. Advisement and Acknowledgment Form
- 2. Affidavit of Corresponding Medical License (STORES CO-LOCATED WITH MEDICAL CENTERS ONLY)
- 3. Affidavit of Corresponding Retail License (CENTERS CO-LOCATED WITH RETAIL STORES ONLY)
- 4. Affidavit of State License Change of Location (for each license)
- 5. A floor plan of the premises, please see requirements below
- 6. Copy of Burglar Alarm Monitoring Contract for new premises (must be valid for the entire 12-month term of the license)
- 7. Copy of Burglar Alarm Permit for new premises
- 8. Copy of State License
- 9. Copy of Zone Use Permit for new premises
- 10. Distance Waiver (STORES, CENTERS & CULTIVATION FACILITIES ONLY)
- 11. If the proposed change will result in the licensed premises of a cultivation facility being located in a zone district other than the following zone districts: I-A, I-B, OS-B, I-O, I-1, I-2, OS-1, or OS-2 then the following documents are required:
 - Proof that a zoning permit for plant husbandry was applied for upon the same zone lot on or before July 1, 2010
 - Proof that an optional premises cultivation license upon the same zone lot was applied for with the state medical marijuana licensing authority on or before August 1, 2010
 - Documentary or other empiracel evidence that the cultivation of medical marijuana had commenced on the zone lot prior to January 1st, 2011
- 12. Lease or Deed for new premise (*If leased, you must attach the written consent of owner to lease property to a marijuana establishment*)
- 13. Secretary of State Certificate of Good Standing
- 14. Secretary of State Statement of Trade Name (if applicable)
- 15. State Notification Waiver

Please Note:

- * Legal documents included as part of this application must be properly signed and executed.
- * Retail store applicants will need to successfully complete a public needs & desires hearing before beginning their inspections.
- * Proof of state approval of the proposed transfer of location will need to be submitted, and all applicable inspections will need to be completed and approved, before a license will be issued.
- * Applications will be administratively closed if the application process has not been completed within 12 months.

Floor Plan Requirements

Provide a floor plan, or multiple floor plans, drawn to scale on a standard 8 1/2" x 11" piece of paper. Separate floors must be shown on separate pieces of paper and clearly identified (i.e. Basement, First Floor, etc.) Your floor plan submission must include:

- The physical layout of the establishment with the principal uses of each room in the premises legibly labeled
- The legible identification of all security cameras and DVR locations
- The intended Licenses Premises must be contiguous and outlined in red
- The intended Limited Access Areas must be contiguous and outlined in green
- *STORES/CENTERS ONLY* each room that is Restricted Access Area must be clearly labeled as such and must identify POS and sales counter locations
- A stamp of approval from Zoning (if providing multiple floor plans, the zoning stamp must only be on one set of floor plans)

If you choose to submit multiple floor plans to satisfy all of the requirements outlined above, the physical layout and room uses must be identical for each floor plan showing the same section of the premises.

DEFINITIONS

- Licensed Premises** - The premises in possession of the Licensee and within which the Licensee is authorized to cultivate, manufacture, distribute, sell, store, transport, or test Marijuana.
- Limited Access Area** - The contiguous area within the Licensed Premises where marijuana is grown, cultivated, stored, weighed, packaged, or processed.
- Restricted Access Area** - The area within the Licensed Premises where marijuana is sold, possessed for sale, or displayed for sale.

Oath of Application

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern my Retail Marijuana Establishment License Application.

Authorized Signature:	Date:
Print Name:	Title:

INTERNAL ONLY - QC

All fields in the application are complete. Only the trade name and any license type specific fields may be left blank - Yes

A floor plan was provided containing all required elements, and it is legible - Yes

What is the zone district of the proposed facility?

Is the zone district I-A or I-B, thereby necessitating an RNO Notification? Yes No

If you answered yes above, have you completed the RNO Notification? A copy of this notification must be scanned into Accela. Yes No

I did complete the "application intake" and "notification" workflow tasks, and set the "quality control" workflow task to pending - Yes

I did not issue an inspection notice or send a notification to the MED today - Yes

I have provided the customer with the "Transfer of Location - Next Steps" handout - Yes

QC Completed By: _____ **QC Completed Date:** _____