



City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
720-865-2740

MARIJUANA OFF-PREMISES STORAGE
CORPORATE STRUCTURE CHANGE FORM
Note: Corporate Structure Change Fee of \$100.00

Type of License: Retail Off-Premises Storage
Medical Off-Premises Storage

Business File Number (BFN): _____ Amendment Record ID: _____
(This will be filled in by a licensing technician)

Entity Name: _____
(Must match Secretary of State Certificate of Good Standing)

Trade Name (DBA): _____ EIN: _____
(Must match Secretary of State Statement of Trade Name)

State License No.: _____ State License Expiration Date: _____

Facility Address: _____
City: _____ State: _____ Zip Code: _____

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Responsible Party/Main Contact
Name _____ Phone _____ E-mail _____

Section 1 - The business is submitting this application in order to update its trade name: Yes No

If yes, please list the business's:

Former Trade Name: _____

New Trade Name: _____

Section 2 - The business is submitting this application in order to update its owner or management informaton: Yes No

Please list any existing owners who are relinquishing their ownership in the company.

Owner First & Last Name	Position

Information for Related License

Medical Marijuana Center
Medical Marijuana Optional Premises Cultivation Facility
Medical Marijuana Infused Products Manufacturer
Retail Marijuana Store
Retail Marijuana Cultivation Facility
Retail Marijuana Infused Products Manufacturer

Related License Denver Business File Number (BFN): _____

Amendment Record ID for Related License Transfer of Ownership: _____

PROPOSED NEW OWNER & MANAGER INFORMATION - You must list all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that holding company and its ownership percentage as well. Please attach additional pages if necessary.

MAIN CONTACT / RESPONSIBLE PARTY	<u>NAME</u> FIRST AND LAST	<u>HOME ADDRESS</u> STREET ADDRESS CITY STATE			<u>DATE OF BIRTH</u> (mm/dd/yy)	<u>NEW OWNER</u> Y N
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP	CHANGE IN OWNERSHIP % Y N
2ND CONTACT	<u>NAME</u> FIRST AND LAST	<u>HOME ADDRESS</u> STREET ADDRESS CITY STATE			<u>DATE OF BIRTH</u> (mm/dd/yy)	<u>NEW OWNER</u> Y N
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP	CHANGE IN OWNERSHIP % Y N
3RD CONTACT	<u>NAME</u> FIRST AND LAST	<u>HOME ADDRESS</u> STREET ADDRESS CITY STATE			<u>DATE OF BIRTH</u> (mm/dd/yy)	<u>NEW OWNER</u> Y N
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP	CHANGE IN OWNERSHIP % Y N
4TH CONTACT	<u>NAME</u> FIRST AND LAST	<u>HOME ADDRESS</u> STREET ADDRESS CITY STATE			<u>DATE OF BIRTH</u> (mm/dd/yy)	<u>NEW OWNER</u> Y N
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP	CHANGE IN OWNERSHIP % Y N
5TH CONTACT	<u>NAME</u> FIRST AND LAST	<u>HOME ADDRESS</u> STREET ADDRESS CITY STATE			<u>DATE OF BIRTH</u> (mm/dd/yy)	<u>NEW OWNER</u> Y N
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP	CHANGE IN OWNERSHIP % Y N
6TH CONTACT	<u>NAME</u> FIRST AND LAST	<u>HOME ADDRESS</u> STREET ADDRESS CITY STATE			<u>DATE OF BIRTH</u> (mm/dd/yy)	<u>NEW OWNER</u> Y N
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP	CHANGE IN OWNERSHIP % Y N

Affidavit of Permitted Activity

I understand that, in regards to the above described Marijuana Off-Premises Storage Permit:

- It may be used only for the storage of finished goods inventory of the related license noted in this application.
- It is unlawful to possess un-sealed packages or containers of marijuana or marijuana products on the licensed premises.
- It is unlawful to open sealed packages or containers of marijuana or marijuana products on the licensed premises.
- It is unlawful to re-package marijuana or marijuana product on the license premises.
- It is unlawful to sell, cultivate, manufacture, process, test, or consume any marijuana or marijuana product on the licensed premises.
- At no time may there be a violation of any section of the Denver Revised Municipal Code, the Colorado Revised Statutes, or any other applicable rule or regulation governing this permit.

Authorized Signature:	Date:
Print Name:	Title:

<div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 8px;">INTERNAL USE ONLY</div>	<p>Required Documentation:</p> <ol style="list-style-type: none"> 1. Advisement and Acknowledgement Form 2. Bylaws, Operating, Partnership Agreement (as applicable) 3. Secretary of State Certificate of Good Standing : 4. Secretary of State Statement of Trade Name <p>Section 1 - If the business is updating its trade name:</p> <ol style="list-style-type: none"> 5. Copy of change of trade name or amendment filed with the Colorado Secretary of State <p>Section 2 - If the business owners have changed:</p> <ol style="list-style-type: none"> 6. Affidavit of Lawful Presence for each NEW owner 7. Copy of Government Issued ID for each NEW owner 8. Purchasing Agreement (NOT REQUIRED IF ONLY REMOVING 0% OWNERS)
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Please Note:

- * Legal documents included as part of this application must be properly signed and executed.
- * Proof of state approval of the proposed corporate structre change will need to be submitted before the application process will be considered complete.
- * Applications will be administratively closed if the application process has not been completed within 12 months.

Oath of Application	
<p>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 Marijuana Establishment License Application.</p>	
Authorized Signature:	Date:
Print Name:	Title:

INTERNAL ONLY - QC	
<p>I completed the "application intake" workflow tasks and set the "quality control" workflow task to pending - Yes <input type="checkbox"/></p> <p>I provided the "Corporate Structure Change - Next Steps" hand out - Yes <input type="checkbox"/></p> <p>-----</p> <p>All fields in the application are complete. Only the trade name and any license type specific fields may be left blank - Yes <input type="checkbox"/></p> <p>-----</p>	
QC Completed By: _____	QC Completed Date: _____
<i>Form Last Revised on 07/27/17</i>	