



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

<b>Oath of Application</b>	
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.	
Authorized Signature:	Date:
Print Name:	Title:

<b>INTERNAL ONLY - QC</b>	
I completed the "application intake" workflow tasks and set the "quality control" workflow task to pending - Yes <input type="checkbox"/>	
I provided the "Corporate Structure Change - Next Steps" hand out - Yes <input type="checkbox"/>	
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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"/>	
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QC Completed By: _____	QC Completed Date: _____
<i>Form Last Revised on 05/29/18</i>	