



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

MODIFICATION OF PREMISES

Note: Modification of Premises Fee of \$150.00

Type of License:	Retail Off-Premises Storage	Business File Number (BFN): _____
	Medical Off-Premises Storage	Amendment Record ID: _____ <i>(This will be filled in by a licensing technician)</i>

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

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

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Responsible Party/Main Contact

Name _____ Phone _____ E-mail _____

Will your modification of premise affect or change any of the following: storage areas for consumable products, chemical storage areas, or plumbing fixtures? YES NO

Describe Proposed Changes:

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:

INTERNAL USE ONLY

Required Documentation:

1. Advisement and Acknowledgement Form
2. A floor plan of the current licensed premises, drawn to scale on 8-1/2" x 11" paper, showing the layout of the establishment and the principal uses of each section of the floor area. Please include dimensions, security cameras, and separate pages for each floor level. The current licensed premises must be outlined in red.
3. A floor plan of the proposed licensed premises, drawn to scale on 8-1/2" x 11" paper, showing the layout of the establishment and the principal uses of each section of the floor area. Please include dimensions, security cameras, and separate pages for each floor level. **The floor plan must be stamped by the Zoning Department, and the intended licensed premises must be contiguous and outlined in red.**
4. Copy of Zoning Use Permit
5. Lease or Deed *(If leased, you must attach the written consent of owner to lease property to a marijuana establishment)*
6. Secretary of State Certificate of Good Standing
7. Secretary of State Statement of Trade Name (if applicable)
8. State Notification Waiver

Please Note:

- * Legal documents included as part of this application must be properly signed and executed.
- * 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.

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 Marijuana Establishment License Application.

Authorized Signature:

Date:

Print Name:

Title:

INTERNAL ONLY - QC

I completed the "application intake" workflow task and set the status of the "quality control" workflow task to pending - Yes

I **did not** issue an inspection notice today - Yes

I **did not** send a notification to the MED today - Yes

I provided the "Modification of Premises - Next Steps" hand out. Yes

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

QC Completed By: _____ QC Completed Date: _____