



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

### TRANSFER OF LOCATION

**Note: Location Transfer Fee of \$750**

Type of License:      Retail Off-Premises Storage                                  Business File Number (BFN): \_\_\_\_\_  
                                     Medical Off-Premises Storage    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): \_\_\_\_\_  
*(Must match Secretary of State Statement of Trade Name)*

State License No.: \_\_\_\_\_    State License Expiration Date: \_\_\_\_\_

Alarm Permit No.: \_\_\_\_\_

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)*

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Responsible Party/Main Contact  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Will consumable marijuana or hemp products such as edibles, tinctures, capsules, oral sprays, or extracted oil used in edibles ever be stored at the facility?                      YES                      NO

**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: \_\_\_\_\_

### **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:

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1. Advisement and Acknowledgement Form
2. Affidavit of State License Change of Location
3. A floor plan of the new 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 Burglar Alarm Monitoring Contract for new premises (must be valid for the entire 12 month term of the license)
5. Copy of Burglar Alarm Permit for new premises
6. Copy of State License
7. Copy of Zone Use Permit
8. Lease or Deed for new premise (If leased, you must attach the written consent of owner to lease property to a marijuana establishment)
9. Secretary of State Certificate of Good Standing
10. Secretary of State Statement of Trade Name (if applicable)
11. 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

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

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

And 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

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: \_\_\_\_\_ Form Last Revised on 05/29/18