



DENVER
THE MILE HIGH CITY

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 OWNERSHIP

Note: Ownership Transfer Fee of \$100

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)

Is this application being filed today solely because there was a change to the business's entity name or structure type? Yes No

If you answered yes above, please complete the seller portion of this form using information from the previous entity name/type, and complete the buyer's portion of the form using information for the new entity name/type.

Seller's Entity Name*: _____ Buyer's Entity Name: _____
*(*Must match Secretary of State Certificate of Good Standing)* *(*Must match Secretary of State Certificate of Good Standing)*

Seller's Trade Name (DBA): _____ Buyer's Trade Name (DBA): _____
(Must match Secretary of State Statement of Trade Name) *(Must match Secretary of State Statement of Trade Name)*

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

Has the <u>seller</u> received any of the following from the Marijuana Enforcement Division within the last 12 months?		
• Order to Show Cause	YES	NO
• Summary Suspension	YES	NO
• Administrative Hold	YES	NO

Buyer's Information

Alarm Permit No.: _____ EIN.: _____

City Sales Tax No.(STORE ONLY): _____ State Sales Tax No.(STORE ONLY): _____

Existing Facility Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Responsible Party/Main Contact

Name _____ Phone _____ E-mail _____

Will edible products or tinctures ever be stored at the facility? Yes No

Information for Related License

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

Related License Denver Business File Number (BFN): _____

Amendment Record ID for Related License Transfer of Ownership: _____

BUYER'S PROPOSED 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 company and its ownership percentage as well. Please attach additional pages if necessary.

1ST CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
2ND CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
3RD CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
4TH CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
5TH CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
6TH CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP

INTERNAL USE
ONLY

Required Documentation From Buyer:

- 1. Advisement and Acknowledgement Form)
- 2.
- 3. Affidavit of Lawful Presence for each owner
- 4. Affidavit of State License Transfer of Ownership
- 5. Articles of Amendment, Statement of Conversion, or other Statement of Change document filed with the Colorado Secretary of State (REQUIRED IF THE BUSINESS'S ENTITY NAME OR STRUCTURE TYPE CHANGED AND NO SALE OCCURRED).
- 6. Bylaws, Operating, Partnership Agreement (as applicable)
- 7. Copies of any Orders to Show Cause, Summary Suspension, or Administrative Hold issued by the Marijuana Enforcement Division within the last 12 months.
- 8. Copy of Burglar Alarm Monitoring Contract
- 9. Copy of Burglar Alarm Permit
- 10. Copy of City & State Sales Tax License (*STORES ONLY*)
- 11. Copy of Seller's State License
- 12. Copy of Government Issued ID for each owner
- 13. Copy of Zoning Use Permit
- 14. Lease or Deed (*If leased, you must attach the written consent of owner to lease property to a marijuana establishment*)
- 15. Purchasing Agreement (REQUIRED IF THE BUSINESS WAS SOLD)
- 16. Secretary of State Statement of Trade Name (if applicable)
- 17. Secretary of State Statement of Trade Name (if applicable)

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 ownership 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.

Affidavit of Permitted Activity

I understand that, if the business obtains a 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 any section of the Denver Revised Municipal Code, the Colorado Revised Statutes, or any other applicable rule or regulation governing this permit.

Authorized Signature (Buyer):	Date:
Print Name:	Title:

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 - Buyer:	Date:
Print Name:	Title:
Authorized Signature - Seller:	Date:
Print Name:	Title:

INTERNAL ONLY - QC

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

I did not issue an inspection notice today - Yes

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

Disciplinary actions were present: Yes No

If yes, I added a 'Disciplinary Reveiw' adhoc, assigned it to the City Attorney's, and set its status to 'Under Review' - 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: _____