



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

**RETAIL MARIJUANA ESTABLISHMENT**  
**CORPORATE STRUCTURE CHANGE FORM**

**Note: Corporate Structure Change Fee of \$100.00**

Type of License:	Retail Marijuana Store	Type of Corporate Structure:	Corporation
	Retail Marijuana Cultivation Facility		Limited Liability Company
	Retail Marijuana Infused Products Manufacturer		Partnership
	Retail Marijuana Testing Facility		Other: _____

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): \_\_\_\_\_  
*(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

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

INTERNAL  
USE ONLY

**Required Documentation:**

- 1. Affidavit of Corresponding Medical License (STORES CO-LOCATED WITH MEDICAL CENTERS ONLY)
- 2. Bylaws, Operating, Partnership Agreement (as applicable)
- 3. Secretary of State Certificate of Good Standing
- 4. Secretary of State Statement of Trade Name

**Section 1 - If the business is updating its trade name:**

- 5. Copy of change of trade name or amendment filed with the Colorado Secretary of State

**Section 2 - If the business owners have changed:**

- 6. Affidavit of Lawful Presence for each NEW owner
- 7. Copy of Valid ID for each NEW owner
- 8. Purchasing Agreement (NOT REQUIRED IF ONLY REMOVING 0% OWNERS)

**Please Note:**

- \* Legal documents included as part of this application must be properly signed and executed.
- \* Proof of state approval of the proposed corporate structure change will need to be submitted 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 Retail Marijuana Establishment License Application.

Authorized Signature:

Date:

Print Name:

Title:

**INTERNAL ONLY - QC**

Is this application in regards to a retail marijuana store license? Yes  No

If yes, is there a medical center at the same address? You will need to check Accela. Yes  No

If yes, is the applicant submitting a corporate structure change application today for that center license with the same changes proposed in this application? If not, please bring this application to a licensing supervisor. Yes  No

I completed the "application intake" and quality control" workflow tasks and set the "state approval" workflow task to pending - Yes

I provided the "Corporate Structure Change - 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: \_\_\_\_\_