



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

MODIFICATION OF PREMISES

Note: Modification of Premises Fee of \$150.00

- Type of License: Retail Marijuana Store
 Retail Marijuana Cultivation Facility
 Retail Marijuana Infused Products Manufacturer
 Retail Marijuana Testing Facility

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)

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Responsible Party/Main Contact

Name _____ Phone _____ E-mail _____

Will this modification result in an expansion of your premise?	Yes No
Retail Marijuana Stores: Are the premises to be licensed within 1,000 feet of any school, pre-school, child care establishment, retail marijuana store, medical marijuana center, alcohol or drug treatment facilities?	Yes No
Retail Marijuana Cultivation Facilities: Are the premises to be licensed within 1,000 feet of any school or residential zone district?	Yes No

Describe Proposed Changes:

Retail Marijuana Cultivation Facilities: Do you perform cold water extraction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retail Marijuana Infused Product Manufacturers: What type(s) of extraction do you perform? <input type="checkbox"/> Butane (C ₄ H ₁₀) <input type="checkbox"/> Propane (C ₃ H ₈) <input type="checkbox"/> Carbon dioxide (CO ₂) <input type="checkbox"/> Ethanol (C ₂ H ₆ O) <input type="checkbox"/> None <input type="checkbox"/> Isopropanol (C ₃ H ₈ O) <input type="checkbox"/> Acetone (C ₃ H ₆ O) <input type="checkbox"/> Heptane (C ₇ H ₁₆) <input type="checkbox"/> Other: _____	

INTERNAL USE ONLY

Required Documentation:

1. 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.
2. 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.**
3. A security plan indicating how the business intends to comply with the requirements related to monitoring and securing the licensed premises as required by law
4. Copy of Zoning Use Permit
5. Distance Waiver (STORES & CULTIVATION FACILITIES ONLY)
6. Lease or Deed (If leased, you must attach the written consent of owner to lease property to a marijuana establishment)
7. Secretary of State Certificate of Good Standing
8. Secretary of State Statement of Trade Name (if applicable)
9. 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 Retail 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: _____