



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

RETAIL MARIJUANA ESTABLISHMENT
TRANSFER OF LOCATION

Note: Location Transfer Fee of \$750.00

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

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: _____

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 _____

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: _____

All License Types: Will consumable marijuana or hemp products such as edibles, tinctures, capsules, oral sprays, or extracted oil used in edibles ever be produced, stored, or sold at the facility?

Yes
No

Retail Marijuana Stores:

What type of store will you have?

Co-located

(Retail & Medical separate entrances)

Co-terminus

(Retail & Medical shared area)

Conversion

(Retail Only)

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

Retail Marijuana Cultivation Facilities: Are the premises to be licensed within 1,000 feet of any school or residential zone district?

No

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

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

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This application is for a

Store or Cultivation - Yes

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

MIP, Testing Facility or Transporter - Yes

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

And I **did** issue an inspection notice today and sent 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:** _____