

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 holding company and its ownership percentage as well. Please attach additional pages if necessary.

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

INTERNAL USE
ONLY

Required Documentation From Buyer:

- 1. Advisement and Acknowledgement Form)
- 2. Affidavit of Corresponding Medical License (STORES CO-LOCATED WITH MEDICAL CENTERS ONLY)
- 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.

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 - Buyer:	Date:
Print Name:	Title:
Authorized Signature - Seller:	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 transfer of ownership application today for that center license to the same new owner shown in this application?

If not, please bring this application to a licensing supervisor. Yes No

I **did** complete 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 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: _____