

**OFFICE OF THE DIRECTOR OF EXCISE AND LICENSES  
DENVER, COLORADO**

---

**AFFIDAVIT OF CORRESPONDING MEDICAL LICENSE**

---

Respondent licensee, \_\_\_\_\_, DBA \_\_\_\_\_  
*Entity Name* *Trade Name (if applicable)*

hereby voluntarily acknowledges that the Respondent's Denver Retail Marijuana Business License  
(Business File No. 20 \_\_\_\_ - BFN - \_\_\_\_\_) for the premises known and designated  
*Year*

as \_\_\_\_\_,  
*Current Facility Address*

is associated with following state Retail Marijuana License: \_\_\_\_\_  
*State License No.*

and the following Denver Medical Marijuana License: 20 \_\_\_\_ - BFN - \_\_\_\_\_.  
*Year* *(Local Medical Business file no)*

Respondent hereby represents that, pursuant to Denver Revised Municipal Code ("D.R.M.C.") sections 6-210(a) and 6-211(e), the above-listed Denver Medical Marijuana License is at the same location and under common ownership as the above-listed Denver Retail Marijuana Business License. Respondent understands that in order to apply for a change of location or transfer of ownership the above-listed Medical and Retail Marijuana Licenses must remain under common ownership at the same location and must be transferred together. The requirement that both licenses must remain under common ownership at the same location does not apply if the above-listed Denver Medical Marijuana License is fully surrendered to the Denver Department of Excise and Licenses. Respondent acknowledges that the failure to obtain and present approval as described above may constitute grounds for revocation of the Denver license, or denial of any change of location or transfer of ownership application pursuant to D.R.M.C. §§ 32-22 and 32-11.

Respondent understands that the Director will recognize faxed signatures or signatures sent by pdf and that such executed copy of this request is authorized to create an effective original and shall have the full force and effect of an original executed instrument.

**RESPONDENT LICENSEE**

\_\_\_\_\_  
*Denver Retail Business File No.*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Denver Medical Business File No.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*