

REQUEST TO AMEND APPLICATION

IMPORTANT NOTICE

Notice: Pursuant to the Denver Revised Municipal Code (D.R.M.C.) §§ 6-210(g) and 24-507(g), a marijuana establishment application may not be amended. At the Director's discretion, an application may be amended if the applicant can produce documentary or other empirical evidence to establish good cause for the requested application amendment. "Good cause" means that circumstances outside of the applicant's control.

Please include a brief description of the status of your application **AND** attach documentary or empirical evidence that supports your amendment request. Such documentation may include, by way of example only, general contractor letters, construction permits, contracts, ROW applications, or EXL and BOA documents. **To be eligible for an amendment, you must submit this form and supporting documentation to CAOExciseandLicense@denvergov.org and EXLRecordsManagement@denvergov.org. Be advised that the Director will only consider documents and evidence included or attached hereto, and deny incomplete applications.**

Applicant Information

Application to Amend: New Application Transfer of Ownership Change of Location
 Modification of Premises Change of Corporate Structure

Entity Name: _____ Trade Name (If applicable): _____

Business File No: 20____ - BFN - _____ License Type: _____

Application Date: _____

Requested Change: _____

Responsible Party: _____
Title First Last

Mailing Address

Email Address

(____) _____

Phone

Explanation of Good Cause

Applicant's Declaration and Signature

I hereby request an amendment to my license application. I understand that to be eligible for an amendment I must (1) complete the above information and submit an executed copy of this form to CAOExciseandLicense@denvergov.org and EXLRecordsManagement@denvergov.org; (2) submit an amended application packet in person with all supporting documentation, including proof of premises, to the Department of Excise and Licenses; and (3) attach documentation that supports good cause to request for an amendment. I understand that the Department will recognize faxed signatures or signatures sent by pdf, and that such executed copy of this request is authorized to create an effective original hereof and shall have the full force and effect of an original executed instrument.

I hereby certify that I am an authorized representative of the Applicant, that I have read the above information, and that all information provided, as well as any attachments hereto are true, accurate, and complete to the best of my knowledge.

SIGN HERE: _____ Date: _____

PRINT: _____ Title: _____