

Marijuana Enforcement Division

Marijuana Centralized Distribution Permit Application

Colorado Marijuana Enforcement Division

RMB Centralized Distribution Permit Application

Application Checklist

1. Application Type

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

2. All Requested Information Attached

The following information requested on the application must be attached, if applicable:

Documentation showing legal possession of the premises to be licensed

Diagram of premises to be licensed including security drawing

3. Application and License Fees

All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

See fee table on website: MED. Colorado.gov

Application fees remitted to the State Licensing Authority and/or the Department of Revenue, are non-refundable.

Submit complete original or scanned application packet.

Check, money orders and credit cards (subject to a service charge) are accepted at all offices.

Mail-in applications can only be paid by check or money order.

You are responsible for knowing who your Local Licensing Authority is.

4. Application Submittal

Applications can be submitted in person or via FedEx or UPS with all attachments and requisite fees to:

Marijuana Enforcement Division

1707 Cole Blvd., Suite 300, Lakewood, CO 80401

If mailing via USPS, please use the mailing address:

CDOR

Attn: MED/Marijuana

P.O. Box 17087

Denver, CO 80217-0087

Note: Incomplete applications will not be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via 3rd party), from the Lakewood Office prior to the end of the next business day.

DR 8540 (06/09/25) Page 2 of 4

DR 8540 (06/09/25)

COLORADO DEPARTMENT OF REVENUE

Marijuana Enforcement Division

MED.Colorado.gov

Marijuana License Number	

Colorado Marijuana Licensing Authority Centralized Distribution Permit Application

License Type:	Retail Marijuana Cultivation Facility	Medical Marijuana Cultivation Fa	acility
Legal Business Name (P	Please Print)		
Trade Name (DBA)			
Website Address			
License Number of cultiv	ration facility with which Centralized Distri	bution Permit will be associated	
List License Number(s) of	commonly-owned Retail Marijuana Store or	Medical Marijuana Store to which produ	uct will be transferred:
Physical Address			
Street Address of Centra	lized Distribution Storage Location		
County	City	State	ZIP Code
Business Phone Number	r Email Address		
	ave legal possession of the premise a all documentation showing legal p		
Ownership			
Lease			
Other (Explain in de	etail)		

Attach a diagram of the Centralized Distribution Storage area to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances and exits. This diagram should be no larger than 8 $\frac{1}{2}$ " X 11". Please also include the security plan. (It does not have to be to scale)

Local Licensing Authority (To be filled out by Applicant) Local Licensing Authority/Jurisdiction City State ZIP Code Local Licensing Authority Contact Name and Title Contact Phone Number Contact Email Address Has the Licensee been granted approval of the Centralized Distribution permit by the local licensing authority? (If required)..... Yes No **Print Full Legal Name of Owner clearly below:** Legal Business Name Trade Name (DBA) First Name of Owner Last Name of Owner Middle Name of Owner

Date (MM/DD/YY)

Signature

DR 8540 (06/09/25) Page 4 of 4