



**COLORADO**  
Department of Revenue

**Marijuana Enforcement Division**

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# **Marijuana Centralized Distribution Permit Application**

**Colorado Marijuana Enforcement Division**  
RMB Centralized Distribution Permit Application

**Application Checklist**

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**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](http://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.

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<b>License Type:</b>	Retail Marijuana Cultivation Facility	Medical Marijuana Cultivation Facility
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**Local Licensing Authority (To be filled out by Applicant)**

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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:**

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Legal Business Name

Trade Name (DBA)

Last Name of Owner First Name of Owner Middle Name of Owner

Signature Date (MM/DD/YY)