



COLORADO
Department of Revenue

Marijuana Enforcement Division

Report of Changes Application

Can You Submit One Report of Changes Application for Multiple Business Licenses?

Please note a separate application and fee is required for each application type (COTN, COL) and each legal business entity.

In an ongoing effort to streamline business efficiencies for marijuana licensees, the Marijuana Enforcement Division has updated the **Report of Changes Application (Change of Trade Name, Change of Location)** to permit a licensee to submit one application for multiple marijuana business licenses (medical or retail) operating under one legal business entity name. **It's important to note that this singular submission option applies to:**

1. Marijuana licenses operating under one legal business entity name;
2. Applications for which all the information provided equally applies to all the marijuana licenses noted in the singular application.

All Report of Changes Applications

Does your change (of trade name or location) apply to licenses operating under one legal business entity name? Yes No

Change of Trade Name

Is the proposed trade name the same for all licenses? Yes No

Change of Location

Is the proposed new physical address the same for all licenses? Yes No

If you answered yes to all questions that apply to your change, you may be able to submit one Report of Changes application for all licenses affected by the change. Please note a separate application and fee is required for each application type (COTN, COL) and each legal business entity.

Please note MED staff cannot advise with certainty regarding the number of applications required for a report of changes without first initiating an investigation.

The MED will accept **complete** applications as they are submitted. Note fees for multiple application submissions may not be refundable. Further, if you submit one application that in fact requires separate application submissions, the assigned investigator will contact you and inform of the need to submit additional applications, which may delay any further review and processing of your changes.

Colorado Marijuana Enforcement Division
Report of Changes Application Instructions

Application Checklist

Please refer to fee schedule on the website - <https://MED.Colorado.gov/>

1. Types of Changes

A separate application packet must be submitted for each license affected by the change, each type of change, and each different legal business entity. (**Refer to previous page for guidance on multiple licenses on one application.**) Check the appropriate box below and proceed to the next page. **Include all attachments.**

- 1. To Change Trade Name (COTN):** Complete the COTN section. Submit a copy of the New Trade Name registration (from the Secretary of State's Office).
- 2. To Change Location (COL):** Complete the COL section of the application. Include any required documentation.

2. Upon request by the Division, an Applicant must provide additional information or documents required to process and investigate the application, within seven (7) days of the request.

Note: This deadline may be extended for a period of time commensurate with the scope of the request.

3. Application Submittal

Bring in or mail in application (check or money order only if mailed) and all attachments and requisite fees

Mailing Address:

Attn: MED/ Marijuana Enforcement
Colorado Department of Revenue
P.O. BOX 17087
Denver CO 80217-0087

Physical Address:

1707 Cole Blvd., Suite 300
Lakewood CO 80401

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

Marijuana Enforcement Division Report of Changes

(Keep a copy of this application for your records)

License Number(s) (All answers must be printed legibly or typewritten)

Legal Business Name (A separate application is required for each legal business entity)

Current Business Address

City _____ State _____ ZIP Code _____

Primary Contact Person for Business Primary Contact Phone Number

Primary Contact Title

Mailing Address for Business

City _____ State _____ ZIP Code _____

Primary Contact Email

Change Trade Name

Change of Trade Name / DBA only (Attach the following supporting documents)

1. Copy of Change of Trade Name or Amendment filed with the Colorado Secretary of State
2. Copy of new Trade Name registration

Old Trade Name

New Trade Name

COTN - Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Printed Last Name of Controlling Beneficial Owner

First Name

Full Middle Name

Title

Signature of Controlling Beneficial Owner

Date (MM/DD/YY)

Pursuant to 44-10-305(4) prior to submitting an application for a license, registration or permit, the applicant needs to be aware that having a medical marijuana or retail marijuana license and working in the medical marijuana or retail marijuana industry may have adverse federal immigration consequences.

Change of Location

Local Licensing conditional approval must be provided prior to MED approval. Per Rule 2-255

Note: Licensees may not move their licensed premises until approved by state and local authorities.

Address of Current Premises

Address of Current Premises

City

County

ZIP Code

Change of Location

A. Will this change of location result in changing the permanent location of the LP to another place within CO?.....	Yes	No
B. Will this change of location result in adding or removing contiguous units/suites?..	Yes	No
C. Will this change of location result in administrative address change?.....	Yes	No

Address of Proposed New Premises

City

County

ZIP Code

New Mailing Address if Applicable

New Mailing Address if Applicable

City

County

ZIP Code

Attach detailed diagram of the premises and include a separate security drawing (Diagrams to be single-sided on 8.5x11 inch paper, preferably in color).

Attach evidence of lawful possession of the proposed licensed premises (deed, lease, etc).

Is this change of location intended to collapse a retail or medical cultivation with another? If so, please identify the license collapsing into..... Yes No

One complete original COL application packet + one complete copy of the same is required.

Will the proposed change result in the licensed premises now being located within 1000 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?..... Yes No

(If yes, explain in detail on a separate sheet of paper, describe any exemptions that apply and provide a copy of the exemption or local ordinance)

For changes to Mobile Premises, attach the completed Mobile Hospitality Business Addendum D from the Marijuana Hospitality Business License application (Form DR 8565).

COL - Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Printed Last Name of Controlling Beneficial Owner First Name

Full Middle Name

Title

Signature of Controlling Beneficial Owner

Date (MM/DD/YY)

Report and Approval of Local Licensing Authority (City / County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Article 10, C.R.S., as amended. **Therefore, this application is approved. (Provide local stamp/seal on this page for proof of approval with signature).**

Printed Name and Title of Local Licensing Rep

Local Licensing Authority (City or County)

Date Filed With Local Authority

Title

Signature of Local Licensing Representative

Date (MM/DD/YY)