

Marijuana Enforcement Division Duplicate License Application

Duplicate License Request

License Number (All Answers Must Be Printed Legibly or Typewritten)

Legal Employee/Owner/Business Name Requesting Duplicate License

Current Trade Name

Physical or Business Address

City

State ZIP Code

Mailing Address

City

State ZIP Code

Primary Contact Person for Business

Primary Contact Phone Number

Title

Primary Contact Email

Please refer to fee schedule on the website - MED.Colorado.gov

Oath of Applicant (For Duplicate License)

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

Signature

Date (MM/DD/YY)

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

****Please include a copy of your driver's license with this form.****