



**COLORADO**  
Department of Revenue  
Enforcement Division – Marijuana

# Marijuana Centralized Distribution Permit Application

**Marijuana Enforcement Division**

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

- 1 Application Fully Completed**  
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: [www.colorado.gov/revenue/med](http://www.colorado.gov/revenue/med)  
Application fees remitted to the State Licensing Authority and/or the Department of Revenue, are non-refundable.
- Submit complete original or scanned application packet.
  - Cash, checks (in the name of the applicant or applicants attorney's trust account), money orders and major credit cards (subject to service charge).
  - 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 by mail with all attachments and requisite fees:  
Marijuana Enforcement Division  
1697 Cole Blvd., Suite 200, Lakewood, CO 80401  
ATTN: Business Licensing
- 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.

Marijuana Permit Number (Assigned by Division)
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Colorado Marijuana Licensing Authority  
**Centralized Distribution Permit Application**

License Type: <input type="checkbox"/> Retail Marijuana Cultivation Facility <input type="checkbox"/> Medical Marijuana Cultivation Facility			
Legal Business Name (Please Print)			
Trade Name (DBA)			Website Address
License Number of cultivation facility with which Centralized Distribution Permit will be associated			
List License Number(s) of commonly-owned Retail Marijuana Store or Medical Marijuana Store to which product will be transferred:			
<b>Physical Address</b>			
Street Address of Centralized Distribution Storage Location			
County	City	State	ZIP
Business Phone Number	Email Address		
Does the licensee have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession. Deed, Title, sale or lease agreements etc. <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in detail) _____			
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 ½" X 11". Please also include the security plan. (It does not have to be to scale)			
<b>Local Licensing Authority (To be filled out by Applicant)</b>			
Local Licensing Authority/Jurisdiction			
City		State	ZIP
Local Licensing Authority contact name	Contact Phone	Contact Email	
Has the Licensee been granted approval of the Centralized Distribution permit by the local licensing authority? (If required)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Print Full Legal Name of Owner clearly below:</b>			
Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date



## **Payment Options:**

You may pay by check, money order, bank check, cashier's check, eCheck or credit card. **DO NOT** send cash in the mail.

If you wish to pay by credit card or eCheck, please mark that below and the link to the Colorado Interactive Payment site will be emailed to you. However, there is a fee associated with either type of payment and will be displayed at the time of checkout on the Payment portal.

Please note the charge will show as *Colorado Department of Revenue* on your bank statement. If you do not have sufficient funds and the payment is returned, you will be charged a \$41 short check fee (as authorized by statute).

### **Type of payment being submitted:**

Check    Money Order    Cashier's/Bank Check    email payment link