

Marijuana Permit Number (Leave Blank)

Colorado Marijuana Licensing Authority
Transition Permit

License Type: <input type="checkbox"/> Retail <input type="checkbox"/> Medical			
Legal Business Name (Please Print)			Marijuana License Number (in transition)
Trade Name (DBA)			
Website Address			
Estimated Date of Move Completion			
Physical Address			
Street Address of Initial Location			
County	City	State	ZIP
Business Phone Number	Email Address		
Physical Address of NEW Location			
Street Address of NEW Location			
County	City	State	ZIP
Business Phone Number	Email Address		
Local Licensing Authority (To be completed by Applicant)			
Local Licensing Authority		Local Licensing Authority Contact Name	
Contact Phone	Contact Email		
1. Has the Licensee notified METRC of this transition?			Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Has the Licensee been granted approval of the Transition permit by the local licensing authority? (If required)			<input type="checkbox"/> <input type="checkbox"/>
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.			

Print Full Legal Name of Owner clearly below:			
Legal Business Name			
Trade Name (DBA)			
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date