



Retail Marijuana Establishment/Medical Marijuana Center License

**Report of Change Application**

Licensed business name: \_\_\_\_\_

Licensed trade name (D/B/A): \_\_\_\_\_

City of Durango marijuana license number: \_\_\_\_\_

Report of change submitted to the State of Colorado?  Yes  No

Provide copy of the application & fees submitted to the State (check if attached):

The applicant proposes (check all that apply):

Transfer of location \_\_\_\_\_ \$2500.00 \$ \_\_\_\_\_  
*Complete "Transfer of Location" section, pages 2-3.*

Transfer of ownership \_\_\_\_\_ *Use fees on license application*  
*Complete a Medical Marijuana Business License Application or a Retail Marijuana Establishment License Application.*

LLC/Corporation/Partnership structure change \$1000.00 \$ \_\_\_\_\_  
*Complete "Structure Change" section, pages 4-6.*

Modification of premises \_\_\_\_\_ \$2000.00 \$ \_\_\_\_\_  
*Complete "Modification of Premises" section, page 6.*

Trade name change \_\_\_\_\_ \$1000.00 \$ \_\_\_\_\_  
*Complete "Trade Name Change" section, page 7.*

**Cashier's check/money order. Cash accepted only by appt. Total: \$ \_\_\_\_\_**

*All applicants must sign the Oath of Application on page 7.*

**All Applicants**

Address of current premises: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_ Premises telephone: \_\_\_\_\_

Business email: \_\_\_\_\_ Website: \_\_\_\_\_

License mailing contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(check if same as address of premises)

City, state, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sales tax mailing contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(check if same as address of premises)

City, state, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Transfer of Location**

Address of proposed premises: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_ Premises telephone: \_\_\_\_\_

Proposed date for transferred location to begin operations: \_\_\_\_\_

By what means does the applicant have legal possession of the premises for at least 1 year from this date?

- Deed                       Lease                       Other (explain in detail):

\_\_\_\_\_  
 \_\_\_\_\_

If premises are leased, the tenant name on the lease must match the name of the licensed business. List here the names of landlord and tenant, and date of expiration, EXACTLY as this information appears on the lease:

Landlord:	Tenant:	Expires:

If premises are leased, attach the Landlord's Consent form, completed by the owner of the property and notarized. The consent must be specifically for the proposed retail operations.

- Check this box to indicate that the notarized Landlord's Consent form is attached.

Are the premises in compliance with all zoning requirements of the Durango Retail Marijuana Ordinance?  Yes  No

Are the premises to be licensed located within 1000 feet of any school, addiction recovery facility, or residential child care facility, or within 250 feet of a dedicated public park that contains children's playground equipment?  Yes  No

Additional documents to be submitted for any **transfer of location** application. Documents must follow the relevant requirements set forth in full detail in Ordinance O-2014-26, Article VIII, Division 1, Sec. 13-166 (retail) or O-2014-27, Division 2, Sec. 13-204 (medical). Please check each box to indicate that the document is attached.

- Community Development LUP approval
- Lease or deed in the name of the applicant business
- Proof of Comprehensive General Liability insurance with minimum single limits of one million dollars (\$1,000,000) each occurrence and two million dollars (\$2,000,000) aggregate, applicable to all premises and operations
- A dimensioned floor plan on 8 1/2" x 11" paper
- Indication of the maximum amount of marijuana and/or marijuana-infused products that may be on the business premises
- Security plan indicating how the applicant will comply with applicable laws, rules, and regulations, per Sec. 13-166(i) and Sec. 13-173
- Lighting plan, showing the illumination of the outside of the establishment for security purposes and compliance with applicable city requirements
- Vicinity map, drawn to scale, indicating within a radius of 1/4 mile from the boundaries of the property upon which the establishment is located, the proximity of the property to any school, residential child care facility, addiction recovery facility, or dedicated public park containing children's playground equipment, and to any other facilities required by law
- Plan for ventilation that describes the ventilation systems that will be used to prevent any odor of marijuana from extending beyond the premises of the business
- Description of all regulated toxic, flammable, or other materials that will be used, kept, or created at the establishment, and the location where such materials will be stored
- All relevant fees (totaled on page 1 of this application)

**Structure Change**

- Applying as:
- Corporation
  - Limited Liability Corporation
  - Partnership
  - Association
  - Individual/Sole Proprietor – *Affidavit of Lawful Presence required for all Sole Proprietorships*

If applicant is a corporation, partnership, limited liability corporation, or association (**not** a sole proprietorship), applicant must list **all officers, directors, partners, and managing members**. In addition, applicant must list **any stockholders, partners, members, or other persons with any financial interest in the applicant**.

Name (indicate if new for Transfer of Ownership)	Home address, city, state, ZIP code	DOB	Title	% owned

- Check here if additional information is provided on a separate sheet.

List **any** individual whose ownership or financial interest is being removed as part of this application.

Name	Home address, city, state, ZIP code	DOB	Title	% owned

- Check here if additional information is provided on a separate sheet.

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgment pertaining to any charge related to possession, use, or possession with intent to distribute narcotics, drugs, or controlled substances?

- Yes
- No

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgment pertaining to any charge related to driving or operating a motor vehicle while under the influence of or while impaired by alcohol or controlled substances?

Yes  No

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application ever been convicted, entered a plea of nolo contendere, or entered a plea of guilty in conjunction with a deferred sentence and judgment pertaining to any felony?

Yes  No

If the answer to any of the previous three questions is yes, please provide the following.

Individual name and location of court	Charge convicted of	Sentence	Date of sentencing	Last date of incarceration/ parole/ probation

Check here if additional information is provided on a separate sheet.

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application been denied an application for a retail or medical marijuana license by any jurisdiction?

Yes  No

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application had a retail or medical marijuana license suspended or revoked by any jurisdiction?

Yes  No

Has the applicant or any owner, member, business manager, party with a financial interest, or other person named on this application been denied an application for a liquor license by any jurisdiction?

Yes  No

If the answer to any of the previous three questions is yes, please provide a detailed written explanation. (Check if attached.)

Additional documents to be submitted for any **structure change** application. Documents must follow the relevant requirements set forth in full detail in Ordinance O-2014-26, Article VIII, Division 1, Sec. 13-166 (retail) or O-2014-27, Division 2, Sec. 13-204 (medical). Please check each box to indicate that the document is attached.

- Fingerprints and personal histories for all newly-listed owners and parties having a financial interest in the proposed establishment
- Copies of state badges for owner(s) and any business manager(s) reported to the state
- Documentation supporting the changes reflected (such as purchase, sale, or closing agreement)
- Colorado Department of Revenue Form DR 8535
- Certificate of Good Standing from Colorado Secretary of State (entity name must match applicant business name)
- All relevant fees (totaled on page 1 of this application)

<b>Modification of Premises</b>
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Are the premises in compliance with all zoning requirements of the Durango Retail Marijuana Ordinance?  Yes  No

Documents to be submitted for any **modification of premises** application. Documents must follow the relevant requirements set forth in full detail in Ordinance O-2014-26, Article VIII, Division 1, Sec. 13-166 (retail) or O-2014-27, Division 2, Sec. 13-204 (medical). Please check each box to indicate that the document is attached.

- Community Development LUP approval
- An updated copy of lease or deed
- Landlord’s Consent Form (if premises are leased), completed by the owner of the property and notarized, and encompassing the proposed operations
- An operating plan for the proposed establishment, including:
  - A detailed description of products and services to be provided, including an indication of whether the establishment proposes to engage in the retail sale of edible marijuana products
  - A dimensioned floor plan on 8 ½” x 11” paper
- Indication of the maximum amount of marijuana and/or marijuana-infused products that may be on the business premises
- Security plan indicating how the applicant will comply with applicable laws, rules, and regulations, per Sec. 13-166(i) and Sec. 13-173
- Lighting plan, showing the illumination of the outside of the establishment for security purposes and compliance with applicable city requirements
- Plan for ventilation that describes the ventilation systems that will be used to prevent any odor of marijuana from extending beyond the premises of the business
- Description of all regulated toxic, flammable, or other materials that will be used, kept, or created at the establishment, and the location where such materials will be stored
- All relevant fees (totaled on page 1 of this application)

**Trade Name Change**

Former trade name: \_\_\_\_\_

Updated trade name: \_\_\_\_\_

Documents to be submitted for any **trade name change** application. Documents must follow the relevant requirements set forth in full detail in Ordinance O-2014-26, Article VIII, Division 1, Sec. 13-166 (retail) or O-2014-27, Division 2, Sec. 13-204 (medical). Please check each box to indicate that the document is attached.

- Updated lease or deed in the name of the applicant business
- Minutes of corporate meeting, limited liability members meeting, or partnership agreement (if applicable)
- Certificate of Good Standing from Colorado Secretary of State (entity name must match applicant business name)
- All relevant fees (totalled on page 1 of this application)

**Oath of Application**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Durango Code of Ordinances and all rules and regulations which govern my Report of Change application and my City marijuana license. I understand that a marijuana business shall not be operated until a license for such use, at the location designated in the application, has been issued by both the State of Colorado and the City of Durango. I understand that it is my continuing obligation to update any information on this application, including contact information, as necessary.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_