



Received:

MEDICAL MARIJUANA (MMJ) BUSINESS LICENSE REPORT OF CHANGE OF OWNERSHIP STRUCTURE OR CHANGE OF COMPANY STRUCTURE

C.R.S. §44-10-312, State Rule 2-245, City Rule 2.1.05. Changes in ownership or company structure must first be reported and approved by the City & MED before the transaction can close or occur, or become effective. **Use this form only if the Licensee FEIN remains the same.**

SECTION A: LICENSEE INFORMATION

1. Name of Current Licensee (list Corporation/LLC/Partnership/Association/Sole Proprietor):		FEIN:	
2. Trade Name (DBA):			
3. <u>MAILING</u> Address:		City:	State: ZIP:
4. Business Phone:	Alternate Phone:	Email:	
5. Registered Manager:			
6. Premises Information: List ALL MMJ types and locations in Colorado Springs associated to current Licensee			
Type	State License #	City License #	Premises Address + Zip Code (attach complete supplement as needed)
Sales Tax			

SECTION B: CURRENT APPROVED OWNERSHIP AND MANAGEMENT STRUCTURE

7. LIST ALL CURRENT persons with any ownership interest in the licensee, including all officers, directors (corporation) or managing members (LLC) or general partner(s), and ownership interest percentage (attach complete supplement as needed).			
Full Name:		Position/Title: % Owned:	
Residence Address:	City:	State:	ZIP:
Full Name:		Position/Title: % Owned:	
Residence Address:	City:	State:	ZIP:
Full Name:		Position/Title: % Owned:	
Residence Address:	City:	State:	ZIP:
Full Name:		Position/Title: % Owned:	
Residence Address:	City:	State:	ZIP:



SECTION C: PROPOSED/NEW OWNERSHIP AND MANAGEMENT STRUCTURE REQUESTED

Complete disclosure required – attach supplemental pages and as needed

8. **LIST ALL PROPOSED** persons with any ownership interest in the licensee, including all officers, directors (corporation) or managing members (LLC) or general partner(s), and ownership interest percentage. List any parent company/organization on a separate line, and attach organizational flow chart.

****NOTE: For each new individual name listed that will have a 10% or greater ownership interest, or will have a controlling beneficial interest, or will be a controlling officer, member, partner, or manager, attach an original affirmation and consent (page 5), and an original applicant interview (page 6), and a copy of MED Finding of Suitability Application (DR8520).**

Full Name:		Position/Title:	
		% Owned:	
Residence Address:	City:	State:	ZIP:
Full Name:		Position/Title:	
		% Owned:	
Residence Address:	City:	State:	ZIP:
Full Name:		Position/Title:	
		% Owned:	
Residence Address:	City:	State:	ZIP:
Full Name:		Position/Title:	
		% Owned:	
Residence Address:	City:	State:	ZIP:
Full Name:		Position/Title:	
		% Owned:	
Residence Address:	City:	State:	ZIP:

SECTION D: BACKGROUND INFORMATION

9. Has the applicant, any partners, any officers, any stockholders or directors of said applicant ever received a violation notice, suspension, or revocation for any privileged class license (i.e., Liquor, Gaming, Racing, Medical Marijuana, etc.) law violation, have charges pending, or has the applicant applied for or been denied a privileged license anywhere in the United States?

Yes No If yes, attach explanation, including date(s) and location(s).

10. Has the applicant, any partners, any officers, any stockholders or directors of said applicant ever been convicted of a crime, or been convicted of any privileged license (i.e., Liquor, Gaming, Racing and Medical Marijuana) violation(s)?

Yes No If yes, attach explanation, including date(s) and location(s).

11. Is the applicant, any partners, any officers, any stockholders or directors of said applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere?

Yes No If yes, attach detailed explanation and any documents to prove settlement or resolution.

12. Has the applicant, any partners, any officers, any stockholders or directors of said applicant previously been issued a Medical Marijuana license?

Yes No If yes, attach explanation to identify the business and any current or former financial interest in said business including any loans to or from another license or licensee.



SECTION E: FINANCIAL INFORMATION

13. List lawful source(s) of funds invested for total purchase or new investment (provide names, banks, and indicate checking, savings, loan, promissory note, gift or other); attach copies of documentation to prove lawful source of funding (gift and/or promissory notes, bank statements, or other). Attach supplemental pages as needed.

THE FOLLOWING INFORMATION MUST REFLECT THE ENTIRE SOURCE OF FUNDS INVESTED. NO OTHER PERSON OR PARTIES MAY HAVE A FINANCIAL INTEREST IN THE BUSINESS FOR WHICH THIS APPLICATION IS SUBMITTED.

NAME/ADDRESS OF FUNDING SOURCE (bank(s), individual(s), et al.)	FUNDING SOURCE (checking/savings/ loan/ note/ gift)	AMOUNT

TOTAL NEW INVESTMENT IN BUSINESS:	\$
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14. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will have any Permitted Economic Interest in this applicant?

Name:	Type of Interest:
Name:	Type of Interest:
Name:	Type of Interest:

15. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will have any Indirect Beneficial Interest in this applicant?

Name:	Type of Interest:
Name:	Type of Interest:
Name:	Type of Interest:

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.

 Authorized Applicant Agent Signature Title (owner/member/officer/director) Date

DO NOT WRITE BELOW THIS LINE - FOR CITY CLERK OFFICE USE ONLY

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY
 The foregoing changes have been received and examined by the Local Licensing Authority

For The City of Colorado Springs	Date filed with Local Authority:	
Signature	Title	Date



MEDICAL MARIJUANA (MMJ) BUSINESS LICENSE REPORT OF CHANGE OF OWNERSHIP OR COMPANY STRUCTURE

(Use this form ONLY if the Licensee FEIN remains the same before and after the change of ownership. If FEIN changes, use Transfer of Ownership)

Required Attachments:

- Copy of MED form DR8535 (Change of Controlling Beneficial Owner Application) to be filed for each applicable license (or as required by the MED).
- Pages 5 and 6 of the City Medical Marijuana Business License Application (Revised 12/23/2019) for **each new** individual that will have a 10% or greater ownership interest, or will have a controlling beneficial interest, or will be a controlling officer, member, partner, or manager. Make a note on the bottom of the Applicant Interview Form (page 6) if the new officer/owner/member has been fingerprinted by the City of Colorado Springs through another MMJ application within the last two (2) years. Specify the other business applicant name and date of application submission.
- Copy of MED form DR8520 (Suitability Application – Natural Person) to be filed for each new individual that will have a 10% or greater ownership interest, or will have a controlling beneficial interest, or will be a controlling officer, member, partner, or manager, including a copy of government issued photo ID and lawful presence affidavit.
- Company documentation authorizing the change including any purchase and membership assignment agreements, minutes of meetings reflecting resignations or appointments of the reported changes, and an amended operating agreement or bylaws as applicable.
- Disclosure of source of funds for the total purchase and/or investment with documentary proof (i.e., loan or gift note, bank statements, etc.).
- Copy of change of ownership structure filed with the Colorado Secretary of State, as applicable, and a copy of current Certificate of Fact of Good Standing.
- Copy of State and City Sales Tax ownership change filings, as applicable.
- CSPD After Hours Emergency Contact Information Sheet for each location (page 7)
- \$500 fee, by check or money order (no cash), payable to The City of Colorado Springs for each **new** reported individual that will have a 10% or greater ownership interest, or will have a controlling beneficial interest, or will be a controlling officer, member, partner, or manager.
- If Registered Manager (non-owner) has changed, attach Permit Application – Report of Changes for new manager (with associated fee).

The City Clerk's Office must authorize the required fingerprinting based on your completed Applicant Interview Form(s). Fingerprinting must be accomplished at the Colorado Springs Police Operations Center, located at 705 S. Nevada Avenue, Monday through Friday, 8:00 am to 5:00 pm, and the verified Applicant Interview Form(s) must be returned to the City Clerk's Office within ten (10) days of fingerprint authorization.

NOTE: The City of Colorado Springs reserves the right to request additional information and documentation throughout the course of the application investigation.

MEDICAL MARIJUANA (MMJ) LICENSE APPLICATION

AFFIRMATION AND CONSENT (submit one for each officer, owner, and manager of business/location)

Business Trade Name (DBA): _____

I, _____ (printed name), as the applicant or as an authorized agent, officer, owner, or manager for the applicant, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical Marijuana business license by the City of Colorado Springs (initial here) _____;
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of a Medical Marijuana business license application or revocation of the license, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant (initial here) _____;
3. I consent to any background investigation necessary to determine my present and continuing suitability pursuant to State and City Medical Marijuana Code and Rules and Regulations which may include, but is not limited to, CBI and FBI investigations, and that this consent continues as long as I hold a Medical Marijuana business license (initial here) _____;
4. I understand that the Medical Marijuana business must maintain legal possession of the licensed premises at all times (initial here) _____;
5. I remit sales taxes in a timely manner on permitted retail sales of the business as required pursuant to Article 26 of Title 39, C.R.S. and City Code § 2.7.101, *et seq.* (initial here) _____;
6. I understand that I must apply with the City Clerk for any proposed changes to the information provided in this application as required pursuant to City and State Code, Rules, and Regulations (initial here) _____;
7. I understand that the Medical Marijuana business must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes (initial here) _____;
8. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity (initial here) _____;
9. I understand that by providing an email address above, I agree that the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by email to the email address provided (initial here) _____;
10. I understand and acknowledge that the City Clerk's Office may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application (initial here) _____;
11. I hereby state that I have read Article 10 of Title 44, C.R.S., as amended, and the regulations promulgated thereunder in 1 CCR 212-3, and the Code and Local Rules of Procedure of the City of Colorado Springs regarding general business licensing and Medical Marijuana business licensing and understand the contents thereof (initial here) _____;
12. I understand that any Medical Marijuana business license issued by the City of Colorado Springs is conditional, and must be annually renewed no less than forty five (45) days prior to the expiration date, unless earlier revoked or surrendered (initial here) _____; and
13. I understand that any Medical Marijuana license issued will not be valid in the event the City of Colorado Springs chooses to prohibit any or all classes of Medical Marijuana business license pursuant to C.R.S. §44-10-301(2)(a)(I) (initial here) _____.

I have read all of the above information and understand my responsibilities as a Medical Marijuana applicant, licensee owner, or manager. I further understand that failure to comply with any law, regulations, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.



MEDICAL MARIJUANA LICENSE - APPLICANT INTERVIEW AND RELEASE

(Separate form required for each officer, owner, and manager of the business)

CONFIDENTIAL

Pursuant to C.R.S. §44-10-307(4)

1. TRADE NAME OF MMJ BUSINESS LICENSE APPLICATION	MMJ BUSINESS LOCATION ADDRESS

2. Full Individual Officer/Owner/Manager Name (first, middle, last):		Any other name(s) by which you are known:	
Date of birth:	Place of birth:	SSN:	Driver License State and No. U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

State where Naturalized	Date of Naturalization	Name of District Court
Naturalization Certificate Number	Date of Certification	If an alien, give Alien Registration Card Number

<input type="checkbox"/> Male	Phone Number	Email	Race	Height	Weight	Eyes	Hair
<input type="checkbox"/> Female							

3. RESIDENCE ADDRESS FOR THE PAST FIVE (5) YEARS (INCLUDE CITY, STATE, AND ZIP; ATTACH SUPPLEMENT IF NEEDED)	
Current Full Address:	Dates:
Previous Address(es):	Dates:

4. PERSONAL - FINANCIAL/BANK ACCOUNTS (INCLUDE NAME AND ADDRESS)	
Name and Address of Institution:	Account No.

5. BUSINESS - BANK NAME AND ACCOUNT NUMBER (AS APPLICABLE)	
Name and Address of Institution::	Account No.

6. PREVIOUS MEDICAL MARIJUANA BUSINESS LICENSE(S) HELD BY APPLICANT (IF APPLICABLE)		
NAME OF BUSINESS	ADDRESS	DATES

7. Has the individual applicant ever received a violation notice, suspension, or revocation for any privileged license (i.e., Liquor, Gaming, Racing and Medical Marijuana) law violation, have charges pending, or has the applicant applied for or been denied a privileged license anywhere in the United States?
 Yes No If yes, attach explanation, date(s) and location(s).

8. Has the individual applicant **ever been convicted of a crime**, received a suspended sentence, a deferred sentence, or have charges pending?
 Yes No If yes, attach explanation, date(s) and location(s).

By signing this document, I authorize the City of Colorado Springs to now and annually check for any pertinent criminal history which may include, but is not limited to, CBI and FBI investigations.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Fingerprinted: _____ Date: _____ Time: _____ Police Dept. / ID Tech. _____

BACKGROUND INVESTIGATION – VNI ONLY

- The Police Department **has** objections to the issuance of this Medical Marijuana business license.
- The Police Department **has no** objections to the issuance of this Medical Marijuana business license at this time.

	PENDING	COMPLETED	Date: _____	Detective/VNI : _____
NCIC			Date: _____	City Clerk's Office: _____
CCIC				
CBI				

CITY OF COLORADO SPRINGS POLICE DEPARTMENT AFTER HOURS EMERGENCY CONTACT INFORMATION

CONFIDENTIAL INFORMATION FOR THE COLORADO SPRINGS POLICE AND FIRE DEPARTMENTS IN THE EVENT OF EMERGENCY NOTIFICATIONS AND RESPONSES

LICENSEE/TENANT NAME: _____ DATE: _____

TENANT TRADE NAME/DBA: _____

PREMISES ADDRESS: _____

UNIT/SUITE #: _____ ZIP CODE: _____

PHONE (MAIN#): _____ OR (ALTERNATE/AFTER HOURS#): _____

BUSINESS/COMPLEX NAME: _____

GATE CODES/DOOR CODES: _____ KNOX BOX LOCATION: _____

ANY KNOWN HAZARDOUS MATERIALS ON THE LOCATION: _____

IN THE EVENT OF AN EMERGENCY REQUIRING A RESPONSIBLE PARTY AT THE LOCATION LIST THE APPROPRIATE CONTACTS IN THE ORDER TO BE CALLED, INCLUDING ON-SITE MANAGER(S) OR AUTHORIZED PERSON(S) WITH MASTER KEYS.

1st) _____
Print Name Title

Address Home Phone Cell or Pager

2nd) _____
Print Name Title

Address Home Phone Cell or Pager

3rd) _____
Print Name Title

Address Home Phone Cell or Pager

NOTE:

NECESSARY CHANGES TO THIS INFORMATION CAN BE MADE IMMEDIATELY BY CALLING THE COLORADO SPRINGS POLICE DEPARTMENT (719) 444-7000, OR BY MAILING TO THE COLORADO SPRINGS POLICE DEPARTMENT COMMUNICATION CENTER, 705 SOUTH NEVADA AVENUE, COLORADO SPRINGS, CO 80903.