



Received:

**MEDICAL MARIJUANA (MMJ) BUSINESS LICENSE  
CHANGE OF LOCATION PERMIT APPLICATION**

THIS APPLICATION MUST BE FULLY COMPLETE, WITH ALL REQUIRED ATTACHMENTS, and must be accompanied by the required application fee, payable to The City of Colorado Springs, in certified funds or money order only (see fee schedule).

**SECTION A: LICENSEE INFORMATION**

1. Name of Business Applicant/Licensee (list Corporation/LLC/Partnership/Association/Sole Proprietor):			
2. Trade Name (DBA):			
3. <u>MAILING</u> Address:		City:	State: ZIP:
4. Business Phone:	Alternate Phone:	Email:	
5. Primary Contact Name:			Title:

**IMPORTANT NOTICES ON MMJ CHANGE OF LOCATION APPLICATIONS:**

Change of Location applications for all Medical Marijuana license types in Colorado Springs can only be accepted if the requested change of location does not create an additional location. One of the following conditions must apply:

1. All Medical Marijuana establishment licenses at the existing location also change location to the same appropriately zoned new location; or
2. The Medical Marijuana establishment license(s) will change location to an existing MMJ licensed and appropriately zoned facility with 100% common ownership; or
3. All remaining Medical Marijuana establishment licenses at the prior location are surrendered.

Surrender or Revocation of any existing MMJ license(s) does not create any opportunity for new licensed locations.

A separate Change of Location application fee is required for each proposed location/facility.

MMJ Licensees may not change location of a licensed premises until approved by both Local and State MED Authorities, and then only after the new MMJ facility has achieved the required local Building and Fire Code compliance, and the premises has been inspected by the Local Authority for basic MED and City regulatory compliance.

6. Are <u>ALL</u> current MMJ licenses in the existing licensed facility being requested to move, changing location to the same new location/facility with 100% common ownership of the existing licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, proceed to Section B; If no, proceed to question #7
7. Are <u>ALL</u> current MMJ licenses in this facility being requested to move, changing location to another existing licensed location/facility with 100% common ownership of the existing licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes or N/A, proceed to Section B; If no, proceed to question #8
8. Are <u>ALL</u> current MMJ licenses in this facility being requested to move, changing location to a combination of a new location and another existing licensed location/facility with 100% common ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, proceed to Section B ( <u>with multiple Section C</u> ); If no, proceed to question #9
9. Are any remaining current MMJ licenses in this facility not covered by questions #6, #7, and #8 surrendered? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, proceed to Section B; If no, <b>STOP</b> : <u>Cannot create an additional MMJ location in Colorado Springs</u>

**SECTION B: CURRENT PREMISES / BUSINESS LOCATION INFORMATION**

License Type (Check ALL license types located in current/existing location):

MMJ Center       MMJ Cultivation       MMJ Products Manufacturing       MMJ Testing Facility

10. Location Address & Zip Code:

11. Property Tax Schedule No. :      Zoning:

12. Registered Manager/Contact Name:

13. Location Phone:      Alternate Phone:

14. List ALL active MMJ license types currently in this MMJ location (attach complete list as needed):

MMJ License Type	City	MMJ License #	Associated MED License #	Licensee Name (if colocated)	Moving?

Complete Section C with separate page and fee for each proposed location as applicable.

**SECTION C: PROPOSED NEW PREMISES / BUSINESS LOCATION INFORMATION**

Type (Check license types to be located in new/requested location):

MMJ Center       MMJ Cultivation       MMJ Products Manufacturing       MMJ Testing Facility

15. Location Address & Zip Code:

16. Property Tax Schedule No. :      Zoning:

17. Registered Manager Name/Contact:

18. Location Phone:      Alternate Phone:

19. Terms of legal possession for which application is made:       Owned       Leased

- ATTACH executed copy of deed or lease
- ATTACH diagram (see instructions)

If leased, provide the terms:      Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

Dimensions of Premises: \_\_\_\_\_      Total Square Footage: \_\_\_\_\_

20. For MMCs, is this proposed location within 1,000 feet any public or private elementary, middle, junior high or high school, or a residential childcare facility, or a drug or alcohol treatment facility, or another MMC?  
 Yes       No

21. For Medical Marijuana Optional Premises Cultivation Facilities, do you perform cold water (H<sub>2</sub>O) extractions?  
 Yes       No

22. For Medical Marijuana Infused Product Manufacturing Facilities, check one:  
 Hazardous (MIP-HZ)       Non-Hazardous (MIP-NH)  
 • ATTACH detailed statement/outline/description of requested MMJ infused processes, including hazardous or non-hazardous extractions intended/performed, or attach SOP general overview.

23. For Medical Marijuana Infused Product Manufacturing Facilities, what type of extractions do you perform?  
 Butane (C<sub>4</sub>H<sub>10</sub>)       Propane (C<sub>3</sub>H<sub>8</sub>)       Carbon Dioxide (CO<sub>2</sub>)       Ethanol (C<sub>2</sub>H<sub>6</sub>O)       Heptane (C<sub>7</sub>H<sub>16</sub>)  
 Isopropanol (C<sub>3</sub>H<sub>8</sub>O)       Acetone (C<sub>3</sub>H<sub>6</sub>O)       Other: \_\_\_\_\_       None

**SECTION D: CHECKLIST**

- Fully completed Change of Location Permit Application with separate Section C (page 2) for each proposed location.
- Certified funds or money order payable to The City of Colorado Springs for non-refundable application fee, with separate fee for each proposed location, as applicable (see fee schedule).
- Copy of valid, executed possessory document (lease or deed) for each proposed location, valid for at least one year and including landlord's authorization for Medical Marijuana Business use.
- Detailed diagram of each location (to scale, 8.5" x 11" – see Rule 2.1.02(A)(10))
- Detailed statement/outline/description of requested MMJ infused processes, including hazardous or non-hazardous extractions intended/performed, or attach SOP general overview, as applicable
- CSPD After Hours Emergency Contact Sheet for each proposed location (page 7 of new MMJ application)
- Copy of City and State Sales Tax or Resale/Wholesale Licenses for each proposed location, as applicable
- Copy of MED Change of Location Application (DR 8545) to be filed, with separate MED application for each individual license changing location. **NOTE: MED requires proof of Local Authority approval with the submission of MED Change of Location application(s).**

**SECTION E: AFFIRMATION AND OATH OF APPLICANT**

Business Trade Name (DBA): \_\_\_\_\_

I, \_\_\_\_\_ (printed name), as the applicant or as an authorized agent, owner, officer, 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 understand that this MMJ Change of Location application may not result in an additional Medical Marijuana licensed facility in Colorado Springs (initial here) \_\_\_\_\_;
4. 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) \_\_\_\_\_;
5. 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) \_\_\_\_\_;
6. 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.

\_\_\_\_\_  
Applicant/Licensee Signature  
(owner/managing member/officer/director)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY**

The foregoing application has been examined and the premises, business conducted, and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Article 10, C.R.S., as amended. **THEREFORE, THIS APPLICATION IS APPROVED.**

<b>For The City of Colorado Springs</b>	Date filed with Local Authority:	
Signature	Title	Date

# 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 \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_

**2nd)** \_\_\_\_\_  
Print Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_

**3rd)** \_\_\_\_\_  
Print Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Hm. 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.**