

Town of Breckenridge

P.O. Box 168, Breckenridge, Colorado 80424

Retail Marijuana Establishment and/or Medical Marijuana Business Application to Change An Existing License

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CHANGE CORP. OR TRADE NAME CHANGE OF LOCATION CHANGE, ALTER OR MODIFY PREMISES

CHANGE IN CORPORATE STRUCTURE

Present Trade Name of Establishment: _____

Present Town License Number: _____ Present Expiration Date: _____

Present State License Number: _____ Present Expiration Date: _____

NAME OF APPLICANT: _____

APPLICANT IS AN: INDIVIDUAL/SOLE PROPRIETOR CORPORATION LIMITED LIABILITY COMPANY

GENERAL PARTNERSHIP LIMITED PARTNERSHIP OTHER (SPECIFY): _____,

AND IS QUALIFIED TO TRANSACT BUSINESS IN COLORADO.

IF THE APPLICANT IS A BUSINESS ENTITY, LIST ALL MEMBERS, MANAGERS, AND 10% (OR MORE) OWNERS (USE ADDITIONAL SHEETS IF NECESSARY):

NAME:	HOME ADDRESS (CITY, STATE, ZIP):	PERCENT OWNED:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT CONTACT PERSON: _____

TITLE OF CONTACT PERSON: _____

APPLICANT'S MAILING ADDRESS _____ PHONE No. _____

PROPERTY OWNER _____ PHONE No. _____

PROPERTY OWNER MAILING ADDRESS _____

STREET ADDRESS OF PROPOSED MMD _____

LEGAL DESCRIPTION _____ PRESENT USE OF PROPERTY _____

Will there be any growing operations at the proposed Retail Marijuana Store location? Yes ___ No ___

Date Stamp:

Time Received: _____ Staff Initial: _____

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SUBMITTAL REQUIREMENTS FOR CHANGE IN CORPORATE STRUCTURE: Please include:

- A completed Individual History Record for the Applicant. If Applicant is a business entity, an Individual History Record must be submitted for all **new** members / managers / 10%+ owners of the business entity
- A completed set of the Applicant's fingerprints. If Applicant is a business entity, a complete set of fingerprints must be submitted for all **new** members / managers / 10%+ owners of the business entity.

In addition to this application for Change to an existing Retail Marijuana Establishment/Medical Marijuana Business, the Applicant (if a **new** member / manager / 10%+ owner) is also required to submit for a background check through the Breckenridge Police Department. Please call the Police Department at 970-453-2941 to schedule an appointment for a background check and fingerprinting.

SUBMITTAL REQUIREMENTS FOR CHANGE OF TRADE NAME/DBA ONLY:

- Copy of Change of Trade Name or Amendment filed with Colorado Secretary of State
- Copy of new Trade Name registration
- Copy of Town of Breckenridge business license

SUBMITTAL REQUIREMENT FOR CHANGE OF LOCATION AND MODIFICATION OF PREMISES: Please include:

- Proof of ownership of the proposed licensed premises **OR**
- If the Applicant is not the Owner of the proposed licensed premises, a notarized statement from the Owner of such property authorizing the submission of the application (Landlord's Consent to Submission of Application), a copy of current lease, and written permission from the landlord authorizing the modification of premises.
- Diagram of premise to be licensed including security drawing
- If the proposed change of location or modification of premises is approved by the Town's Local Licensing Authority, a sign-off sheet will be provided that will need to be completed prior to the Town's final approval of this application.

I understand that I may be subject to prosecution under Federal marijuana laws. I also understand that my employees may be subject to prosecution under Federal marijuana laws. _____ (Applicant Initial Here)

I understand that the Town of Breckenridge accepts no legal liability in connection with the approval and / or subsequent operation of the Retail Marijuana Establishment and/or Medical Marijuana Business. I hereby release the Town of Breckenridge, its employees, elected and appointed officials from any and all liability in connection with the approval and subsequent operation of the Retail Marijuana Establishment or Medical Marijuana Business. _____ (Applicant Initial Here)

The undersigned represents to the Town of Breckenridge that he or she is authorized to submit this application on behalf of the licensee named above.

Applicant's Signature _____ Date _____

Applicant's Title: _____

Date Stamp:

Time Received: _____

Staff Initial: _____