City of Boulder
Finance Department · Licensing Division
1777 Broadway, Boulder, Colorado 80302 · 303 441-4192

BOULDER MEDICAL MARIJUANA BUSINESS LICENSE CHANGES REPORT & APPLICATION

Pursuant to BRC 6-14-8 (e & k) and 6-14-14 (b), material changes to ownership, management, and operation of Medical Marijuana Businesses (MMBs) must be reported 30 days BEFORE the change occurs.

Type of change:

☐ Manager ☐ Ownership ☐ Other

Applicant/licensee business type:

☐ Corporation ☐ LLC ☐ Individual ☐ Partnership ☐ Association or other

Applicant/license type:

☐ Wellness Center/Dispensary ☐ Greenhouse/Grow ☐ Manufacturer Infused Products

Licensee name: _____

License or Application # _____ **Business Phone:** _____

Trade name/DBA: _____

Premise Address: _____
Street address City State Zip Code

Mailing Address: _____
(if different from premise location)

Telephone: _____ **Email:** _____

Before change:
City Sales Tax # _____ **State Sales Tax #** _____ **FEIN:** _____

After change:
(Note: if City Sales Tax, State Sales Tax, or FEIN changes, you are likely to be required to file a new MMB license application, pay associated fees and suspend operations until a new MMB license is issued):

City Sales Tax # _____ **State Sales Tax #** _____ **FEIN:** _____

Change(s) reported- check all that apply [$39.50 background fee per person + $150.00 business manager fee each manager and/or $39.50 background fee per person + $2,000.00 business entity change or officers/owners/agents change fee to City of Boulder]:

☐ Business manager change / addition (section A) LICENSEES & APPLICANTS - 30 days advanced notice required [BRC 6-14-8 (e)]
☐ Business entity name (section B) ** ONLY FOR LICENSEES
☐ Trade name (section C) ** ONLY FOR LICENSEES
☐ Officers, directors, partners, managing members, financiers, primary caregivers, named persons (Section D) ** ONLY FOR LICENSEES
☐ Individual owners or ownership percentages (Section E) ** ONLY FOR LICENSEES

For all above changes, complete the required section(s), attach required documents, and sign oath on last page.
***** Only licensees may make these changes (not applicants)***

SECTION A - BUSINESS MANAGER CHANGE / ADDITION

Effective date of business manager change/addition: (You must inform the City 30 days before a new manager starts) _____

Former business manager name: _____

Proposed new business manager: _____

Will the new manager also hold ownership or have any other business interest? ☐ Yes * ☐ No

☐ IHR, fingerprint card, ID and background check and business manager change fee

*** If yes, also complete Section G and/or Section H**

SECTION B - BUSINESS ENTITY NAME CHANGE

Effective date of business name change : _____

Business entity old name: _____

Business entity new name: _____

☐ Articles of amendment from CO Secretary of State showing new name attached

☐ Operational documents reflecting name change attached

☐ Name change reported to City Sales Tax & CO Dept. of Revenue? Please include business change fee.

SECTION C: TRADE NAME CHANGE

Effective date of trade name change: _____

Trade name old name: _____

Trade name new name: _____

☐ Trade name change reported to City Sales Tax & CO Dept. of Revenue? Please include business change fee.

SECTION D: CHANGE OF OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, FINANCIERS, PRIMARY CAREGIVERS, OR AGENTS

Please note the change cannot be effective until approved by the City and State, and if change already occurred, if change request is denied, the City may require the change become null and void or the new party be divested from new role.

new person:	new position:	home address:	individual replaced (If applicable):	% owned: (complete Section H)

(attach separate sheet if necessary)

☐ Corporate minutes, LLC operating agreement or partnership agreement amendments showing the change. Include letters of resignation, appointment, or employment of any officers, directors, partners, managing members, financiers, primary caregivers, named persons included

- ☐ All new notes, loans, security instruments, profit sharing agreements or other documents related to the addition or employment of new named persons attached
- ☐ Each new individual's IHR attached
- ☐ Each new individual's driver's license or state-issued ID attached
- ☐ Each new individual's fingerprint card attached
- ☐ Certified check or money order paid to City of Boulder (for background check) and business change fee attached

SECTION E: CHANGE OF INDIVIDUAL OWNERS OR OWNERSHIP PERCENTAGES

Please note the change cannot be effective until approved by the City and State, and if change already occurred, if change request is denied, the City may require the change become null and void or the new party be divested from new role.

New owners/ownership percent changes:

entity/person:	position (if a named person, complete Section G):	home address:	replaces former owner (if applicable):	% owned:

(attach a separate sheet if necessary)

- ☐ Each new individual's IHR attached
- ☐ Copy of each new individual's driver's license or state-issued ID attached
- ☐ Each new individual's fingerprint card attached
- ☐ Certified check or money order paid to City of Boulder (for background check) and business change fee attached
- ☐ Executed purchase agreement, stock sale certificates, bills of sale, copies of corporate minutes, LLC operating agreement or partnership agreement amendments or other documents to confirm this change. Include letters of appointment, employment, or memorandums of understanding attached
- ☐ All new notes, loans, security instruments, profit sharing agreements or other documents related to addition or employment of new named persons attached

Oath of Applicant (Owner or Existing Manager)

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 Boulder Revised Code and all Rules and Regulations which govern my medical marijuana business license application and any issued medical marijuana business license.

Signature	**Printed name**	**Title**	**Date**

For Business Entity Name Change MMB application and with the expectation that the Tax ID number is not changing:

Please include a letter directed to City Sales Tax area to explain that the businesses' business entity name is changing, include the old name and the new name, and the date when the change will be effective.

Please have the managing member of the LLC or the corporate president sign the letter, date the letter, and write their title at the bottom of the letter.

SHARE

Fingerprinting

Contact:
Records
303-441-3300

If you are a resident of or work in the City of Boulder, the police department can take your fingerprints for a variety of purposes, including, but not limited to, employment, alcohol licensing and adoptions. *The police department does not do fingerprinting for immigration purposes.*

You will need to bring valid photo identification. Often, an applicant will be provided with a blank fingerprint card preprinted with important information relevant to the purpose for fingerprinting already filled in. Be sure to bring that card and any other accompanying paperwork that may need to be completed.

The police department's main location at 1805 33rd St. offers fingerprinting on Tuesdays and Thursdays between 8 a.m. and 6 p.m. Fingerprinting is also available at the Community Police Center on 16th Street, just south of Pearl Street, Monday through Thursday, 10 a.m. to 2 p.m.

The cost of this service is $11 per fingerprint card.

Last Updated on Friday, 27 January 2012 15:57

ATTACHMENT B
CITY OF BOULDER MEDICAL MARIJUANA BUSINESS LICENSE BACKGROUND CHECK AND FINANCIAL INTEREST RECORD

The Applicant must provide an Individual History Record for ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, BUSINESS MANAGERS, FINANCIERS, PRIMARY CAREGIVERS, ALL NAMED PERSONS, AND AGENTS who manage, advise, or are paid more than $1,000 a year by the applicant. Each of these individuals, MUST ALSO BE FINGERPRINTED, MUST PROVIDE A MMB INDIVIDUAL HISTORY RECORD FORM, and any other documentation permitted by Chapter 6-14, B.R.C. evidencing good moral character.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed. EVERY answer you give will be checked for its truthfulness. A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.

1. Name of Business	
2. Your Full Name (last, first, middle)	3. List any other names you have used.
4. Mailing address (if different from residence)	Home Telephone

5. List all residence addresses' below. Include current and previous addresses for the past five years. (Attach separate sheet if necessary.)

STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current			
Previous			

6. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary)

NAME OF EMPLOYER	ADDRESS (STREET,	CITY, STATE, ZIP)	POSITION HELD	FROM	TO

7. List the name(s) of relatives working in or holding a financial interest in a MMB licensed business.

NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE

8. Have you ever applied for, now hold, ever held, or had any percentage interest in a State of Colorado Medical Marijuana business, a Medical Marijuana Business License in Boulder or any other jurisdiction, or helped financed, loaned money, furniture or fixtures, equipment or inventory, to any Medical Marijuana business licensee? ___ Yes __No

Name Address Type of Business Date/ License #

Explain:_____

_____

_____

9. Have you been denied an application for a medical marijuana business, withdrawn an application for a medical marijuana business, or had a medical marijuana business license revoked by any jurisdiction?

___Yes __No

Explain:_____

_____

_____

10. Have you ever received a violation notice, suspension or revocation, for a license violation, related to liquor, medical marijuana, gaming, professional services, or any other type of license anywhere in the U.S.?

___Yes ___No

Explain:

11. Have you had a license application as described in paragraph 10 withdrawn, denied, suspended or revoked by any jurisdiction?

___ Yes __No

Explain:

12. Have you had a business temporarily or permanently closed for failure to comply with any health, safety, failure to pay tax, reporting violations, or other law?

___ Yes __No

Explain:

13. Have you had an administrative, civil, or criminal finding of delinquency for failure to pay sales or use tax, or any other tax?

___ Yes __No

Explain:

14. Have you ever been arrested for a crime, convicted of a crime or received a suspended sentence, deferred sentence, forfeited bail for any offense in criminal or military court or have you been found liable or responsible in a civil or administrative proceeding for violation of any law or regulation, or do you have any such criminal, military, civil, or administrative charges pending? If yes, please explain below. ____ Yes ____ No

Explain: _____

15. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence or subject to any order requiring payment of fines or fees or monitoring vor any civil or administrative violations? ____ Yes ____ No

Explain:

16. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license? ____ Yes ____ No

Explain:

17. Have you ever been convicted of a felony, or found in violation of any applicable law (other than traffic violations that did not involve a controlled substance or injury to any party) in a federal, state, or other court? ____ Yes ____ No

Explain: _____

18. Have you ever been convicted of driving or operating other machinery under the influence of alcohol, drugs or medication, or driving while impaired or driving with excessive alcohol content in a federal, state, or other court? ____ Yes _____ No

Explain: _____

19. Have you ever been convicted of a crime or completed any portion of a criminal sentence in a federal, state, or other court?

_____ Yes ____ No

Explain: _____

20. If the answer is yes to any of the above questions 14 to 19, please provide the following: (if necessary, provide additional information on a separate sheet)

Person's Name	Name and Location of Court	Charge(s)	Sentence/ Settlement	Date of Sentencing /Settlement	Last date of incarceration /parole/probation/monitor ability for fees

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law in Section 24-72-204 C.R.S., information provided below will be treated as CONFIDENTIAL. Medical Marijuana business licensing requires the following personal information in order to determine your suitability for licensure pursuant to B.R.C 6-14-5 (a) (10) and 6-14-5 (b).

21. a.Date of Birth_____ b. Social Security Number SSN_____

c. Place of Birth_____ d. U.S. Citizen? ____ Yes ____ No

e. If Naturalized, list where _____ f. When _____ g. Name of District Court _____

h. Naturalization Certificate Number _____ i. Date of Certification. _____

j. If an Alien, Give Alien's Registration Card Number _____

k. Permanent Residence Card Number _____

l. Height _____ m. Weight _____ n. Hair Color _____
o. Eye Color_____ p. Sex _____ q. Race _____

r. Do you have a current Driver's License? ____ Yes ____ No If Yes, give number and state _____
Please attach copy of your current Driver's License, State Issued Picture ID, or Passport to this document.

22. Financial Information.

a. Total investment being made in MM business by Applicant entity, corporation, partnership, limited liability company, or other.
$_____

_____

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid $_____

c. Provide details of investment. You must account for the sources of all cash or other monies (how acquired). Attach separate sheet if needed.

Type: Cash, Services or Equipment	Source: Name of Bank; Account Type and Number	Amount

d. Loan Information (attach copies of all notes or loans)

Name of Lender and Account Number	Address	Term	Security	Amount

23. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon.

_____

_____

_____

Related to answer to question 23, please attach MMB license applicant's business entity bank records for the last 3 months for all checking, savings, and other bank accounts that hold applicant business entity funds to MMB License Application in accordance with the instructions listed as Attachment J.

Oath of Applicant

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 Boulder Revised Code and all applicable laws regarding this application and operation of a Medical Marijuana Business.

Authorized Signature	Printed Name and Title	Date