



City of Aurora
 Marijuana Enforcement Division
 15151 E. Alameda Pkwy., Fifth Floor
 Aurora, CO 80012
 303.739.7833
 auroragov.org/amed

AMENDMENTS FOR REGULATED MARIJUANA BUSINESSES

Current Legal Name	Current Trade Name	State MED License	Aurora License Number	
Business Address		City	State	ZIP

Check the box for the desired change below, sign the Oath of Applicant and proceed to the appropriate section on Page 2.

<input type="checkbox"/> Change of Legal/Trade (DBA) Name	Fee: \$100.00
<input type="checkbox"/> Change of Location	Fee: \$1,000.00
<input type="checkbox"/> Change of Ownership	Fee: See Below
<input type="checkbox"/> Modification of Premises	Fee: \$100.00

Change of Ownership

- **Sale of Business** Fee: \$2,500.00
- **Addition/Removal of Owner from Existing Ownership Group** Fee: \$1,500.00
- **Change of Corporate Structure** Fee: \$ 800.00

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the following application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Printed Name	Title	Date
Signature	Email Address	Phone Number

For city of Aurora use only:

Decision of Local Licensing Authority

The Aurora Marijuana Enforcement Division has examined the following application and supporting documentation, and based on this examination the applicant's request is hereby:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Local Licensing Authority	Date Request Filed
Signature	Title
	Date

Change of Legal/Trade (DBA) Name	
Current Legal Name	New Legal Name
Current Trade Name	New Trade Name
Please attach the following supporting documents: <ul style="list-style-type: none"> • Please make the needed changes on the Tax and Licensing Portal. https://AuroraTaxPortal.gentaxcpc.net/tap • Certificate of good standing for business legal name from the CO Secretary of State website. • Certificate of fact of trade name for the new trade name from the CO Secretary of State website. 	
<input type="checkbox"/> I hereby certify there is no change in ownership in connection with the name change.	

Change of Location	
Current Address	New Address
Please attach the following supporting documents: <ul style="list-style-type: none"> • Please make the needed changes on the Tax and Licensing Portal. https://AuroraTaxPortal.gentaxcpc.net/tap • Provide a copy of the deed or executed lease. 	
<input type="checkbox"/> I hereby certify there is no change in ownership in connection with the change of location.	

Change of Business Ownership Structure	
Check all applicable:	<input type="checkbox"/> Sale of business <input type="checkbox"/> Addition/Removal of owner(s) from existing ownership group <input type="checkbox"/> Change of corporate structure
Contact AMED immediately at 303-739-7833 or marijuana@auroragov.org . <ul style="list-style-type: none"> • Complete the current and proposed ownership structure information for all owners on page 3, and attach a completed copy of Aurora’s “Application for Marijuana Establishment Licenses” found at https://www.auroragov.org/business_services/marijuana_regulations/forms_regulations_publications for the new owners. • Complete copy of the state MED application. This can be submitted via email to rjpeters@auroragov.org. • Please make the needed changes on the Tax and Licensing Portal. https://AuroraTaxPortal.gentaxcpc.net/tap 	

Modification of Premises
Proposed Changes to the Premises (Attach sheet if additional space is needed)
Please attach the following supporting documents: <ul style="list-style-type: none"> • Attach a diagram of the current licensed premises and a separate diagram of the proposed changes including security equipment locations, highlighting changes on the diagram. • Attach proof of landlord consent for modification or revised lease. • Attach a copy of the proposed building plans that will be submitted with the building permit application.

Procedural Notes

As of November 1, 2019, Aurora Marijuana Enforcement Division (AMED) is changing its process for accepting Marijuana Transfer of Ownership Applications. This change is being made to align with **Colorado House Bill 19-1090** and the state Marijuana Enforcement Division's rules for collecting ownership information for marijuana businesses. **If** you are required to submit a state Change of Controlling Beneficial Owner Application form DR 8535, you will also be required to submit an Aurora "Amendments for Regulated Marijuana Businesses" form.

Process

- **Step 1:** Determine whether you are required to submit a state Change of Controlling Beneficial Owner Application (form DR 8535). If you are unsure, please visit the state [Marijuana Enforcement Division's website](#) who has issued guidance and other resources as part of its implementation of HB19-1090.
- **Step 2:** If required, submit the Change of Controlling Beneficial Owner Application to the state.
- **Step 3:** Submit a complete copy of the state application with all the accompanying documents via email at rjpeters@auroragov.org.
- **Step 4:** Submit the "Amendments For Regulated Marijuana Businesses" form and any required documents to AMED and pay the required fees.
- **Step 5:** AMED will provide the state Marijuana Enforcement Division (MED) an email stating the local licensing authority has received the request and is under review.
- **Step 6:** State MED will provide the results of their investigation to AMED as soon as they have completed the investigation.
- **Step 7:** Once the state MED has provided their investigation results to the local licensing authority, it will provide final approval or denial to the state MED and the licensee.
- **Step 8:** Please provide all signed documents to the local licensing authority rjpeters@auroragov.org after the closing of the transaction has occurred.
- **Please note:** If a change of ownership does not require you to submit a state Change of Controlling Beneficial Owner Application to the state MED, you are still required to submit an Aurora "Amendments for Regulated Marijuana Businesses" form and pay the appropriate fees. Please make sure that your renewal of your marijuana license accurately reflects the ownership changes for owners who hold 10% or more interest in the license and the removal/addition of an owner and/or reallocating ownership.

Change of Business Ownership Structure

List all persons and/or entities with any ownership interest. If an entity (corporation, partnership, LLC, etc.) has an interest in the applicant company, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interests. Please continue on separate sheet(s) as needed.

Current Ownership Structure							
Name		SSN/FEIN		Date of birth		Phone	
Street address		City		State	ZIP	E-mail address	
Business associated with			Ownership %			Effective % of license	
Name		SSN/FEIN		Date of birth		Phone	
Street address		City		State	ZIP	E-mail address	
Business associated with			Ownership %			Effective % of license	
Name		SSN/FEIN		Date of birth		Phone	
Street address		City		State	ZIP	E-mail address	
Business associated with			Ownership %			Effective % of license	

Proposed Ownership Structure							
Name		SSN/FEIN		Date of birth		Phone	
Street address		City		State	ZIP	E-mail address	
Business associated with			Ownership %			Effective % of license	
Name		SSN/FEIN		Date of birth		Phone	
Street address		City		State	ZIP	E-mail address	
Business associated with			Ownership %			Effective % of license	
Name		SSN/FEIN		Date of birth		Phone	
Street address		City		State	ZIP	E-mail address	
Business associated with			Ownership %			Effective % of license	