



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

REPORT OF CHANGES TO RETAIL MARIJUANA BUSINESS LICENSE

Current legal name	Current trade name	City of Aurora business 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 Entity Name	Fee: \$100.00
<input type="checkbox"/> Change of Business Trade Name	Fee: \$100.00
<input type="checkbox"/> Change of Business Ownership Structure	Fee: \$2,500.00
<input type="checkbox"/> Transfer of Retail Marijuana Establishment License	Fee: \$15,000.00

Procedural Notes

- Name-change requests must also be accompanied by a completed general business license Change/Amended Application form.
- A change of legal name involving a change in federal employment identification number (FEIN) requires a new general business license.
- Sales or transfers of retail marijuana establishment licenses must be accompanied by an application packet for the appropriate type of marijuana establishment license, to be completed by the transferee.
- Per City of Aurora Code of Ordinances Sec. 6-311 (a), no transfer of license ownership or change in business structure may occur for one year following issuance of a license.
- The fee above for a license transfer is the first-year operating fee for the new party seeking licensure.

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.

Signature	Title	Date
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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 Business Legal Name	
Current legal name	New legal name
Please attach the following supporting documents: <ul style="list-style-type: none"> • General business license Change/Amended Application form, or new general business license application if changing FEIN • Articles of amendment or amended and restated articles of organization filed with the Secretary of State • Certificate of good standing for new business entity name 	
<input type="checkbox"/> I hereby certify there is no change in ownership in connection with the name change.	

Change of Business Trade Name	
Current trade name	New trade name
Please attach the following supporting documents: <ul style="list-style-type: none"> • General business license Change/Amended Application form • Statement of change or correction of trade name filed with the Secretary of State • Certificate of good standing for new affiliated legal entity 	
<input type="checkbox"/> I hereby certify there is no change in ownership in connection with the name change.	

Change of Business Ownership Structure	
Check all applicable:	<input type="checkbox"/> Redistributing ownership/control among current ownership group <input type="checkbox"/> Adding new persons or entities with any ownership or controlling interest <input type="checkbox"/> Removing persons or entities with any ownership or controlling interest
Complete the current and proposed ownership structure information for all owners on page 3, and attach the following supporting documents: <ul style="list-style-type: none"> • Copy of executed sales contract or agreement regarding the ownership interests • New or amended operating agreement or bylaws showing ownership percentages • Updated leases or deeds for the licensed premises if impacted by the ownership change • Any additional information necessary for AMED to complete review of this application 	

Transfer of License Ownership		
Name of transferee	Date of first license issuance	Effective date of transfer
Please attach the following supporting documents: <ul style="list-style-type: none"> • Copy of executed sales contract or agreement regarding the business and/or license • Application packet for the appropriate type of marijuana establishment license 		

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	