



City Clerk's Office
11701 Community Center Dr.
Northglenn, CO 80233
303.450.8755

Marijuana Business License Modification of Premises

Licenses Subject to Change (*check all that apply*):

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical Marijuana Center | <input type="checkbox"/> Medical Infused Products Manufacturer | <input type="checkbox"/> Medical Marijuana Cultivation |
| <input type="checkbox"/> Medical Marijuana Transporter | <input type="checkbox"/> Medical Marijuana Transporter Storage Facility | |
| <input type="checkbox"/> Retail Marijuana Store | <input type="checkbox"/> Retail Infused Products Manufacturer | <input type="checkbox"/> Retail Marijuana Cultivation |
| <input type="checkbox"/> Retail Marijuana Transporter | <input type="checkbox"/> Retail Marijuana Transporter Storage Facility | |
| <input type="checkbox"/> Dual Medical and Retail Business | | |

Licensee: _____

☐ Individual ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Other _____

Address: _____
Street City State Zip Code

Phone Number: _____ Trade Name (or DBA) of Business: _____

Address of Business: _____
Street City State Zip Code

☐ **Modification of Premises**

Required Attachments:

- ✓ A complete copy of the modification of premises application filed with the State Marijuana Enforcement Division
- ✓ A copy of the existing lease for the establishment
- ✓ A complete description of the existing premises and all proposed changes
- ✓ A diagram depicting the current layout of the establishment
- ✓ A diagram depicting the proposed layout of the establishment
- ✓ \$200.00 modification of premises fee payable to the City of Northglenn for each license affected

I declare under the penalty of perjury that this report, including any accompanying statements or documents, have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Signature of Applicant: _____ Date: _____