



Boulder County Marijuana & Liquor Licensing
 1325 Pearl Street · Boulder, CO 80302
 P.O. Box 471 · Boulder, CO 80306
 Phone: 303-441-3829
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 Website: www.bouldercounty.org

Intake Stamp

Boulder County Change of Ownership Application

Please review the Boulder County Marijuana Licensing Regulations for more information regarding the application process. The information provided in this application is public record.

Business Information

Business Name		Trade Name	
Physical Address of Business			
City	State	Zip Code	
Mailing Address			
City	State	Zip Code	
Business Phone		Business Email	
Current License Type(s) and Boulder County License Number(s)			

Check Applicable Box:

- Reallocation of ownership/control among current ownership group
- Distributing ownership to new person(s) who will have ownership or controlling interest

Current Ownership Structure Prior to Transfer/Change

List all persons and/or entities with ownership interest or control, including all officers and directors. If an entity (corporation, partnership, LLC, etc.) has interest, then 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. Use additional sheets or attachments if necessary.

Name		Title	
Address			
City	State	Zip Code	
Phone Number		Email Address	
Business Associated with (Parent business or sub-entity)		Ownership %	
Signature			

Proposed Ownership Structure After Transfer/Change

Use additional sheets or attachments if necessary.

Name	Title	
Address		
City	State	Zip Code
Phone Number	Email Address	
Business Associated with (Parent business or sub-entity)	Ownership %	
Signature		

Name	Title	
Address		
City	State	Zip Code
Phone Number	Email Address	
Business Associated with (Parent business or sub-entity)	Ownership %	
Signature		

Certification

I, the undersigned, as authorized agent of the Applicant, do hereby certify that I have not knowingly made a false statement or omitted any material fact on this application or any attachments, which could be cause for denial of the application or termination of any Marijuana license. I authorize the Boulder County Marijuana Licensing Authority to investigate matters set forth in this license application. I understand that further information may be requested of me in regard to this application and I agree to supply such information upon request.

Name of Person Completing Form	Title
Signature	Date

Boulder County Acknowledgement of Submittal

This Change of Ownership is acknowledged by the Boulder County Marijuana Licensing Authority but may require other Boulder County Department or State approvals before the Authority can officially approve the changes.

Authority Signature	Date
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