

Request for Change of Ownership

If you are removing the original applicant from the ownership structure and transferring ownership to a brand-new applicant or adding a business partner who is to be the new main contact for the facility, please attach a new business license application with the new main contact information to this form.

I,	, OW	/ner of the business
located at Block(s)	, Lot(s)	, at the address
	, Mo	offat, CO 81143, MJ license no
request that the ownership of	said local business be cl	hanged/transferred as indicated below:
Full Transfe	r of Ownership 🛛 Rer	moving an Owner 🛛 Adding New Person(s)
	Previe	ous Owner:
Name Printed:		
Mailing Address:		Phone:
Email Address:		
Signature:		Date:
	Nev	<u>w Owner</u> :
Name Printed:		
Mailing Address:		Phone:
Email Address:		
Signature:		Date:
OFFICE USE ONLY: D	ate:	
		MJ License No