



TOWN OF MOFFAT CHANGE OF OWNERSHIP APPLICATION

FOR OFFICE USE ONLY:	
Date Received:	Fee Included:
Date Approved:	

It is required that all marijuana businesses report a change or transfer in ownership with both the State and Local Jurisdiction. Please fill out the below required fields and attach a new lawful presence affidavit as applicable. 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. Please remit the applicable fees with this application from your selection below.

Business Name: _____ State MJ License # _____
 Physical Address: _____
 Mailing Address: _____

Please check the applicable boxes.

- Redistributing interest among current ownership group. \$100
- Removing an owner \$100
- Adding new persons \$100
- Full Transfer of Ownership from one party to another. \$100

CURRENT OWNERSHIP STRUCTURE

Printed Name:	Signature:	OK to Sale?	Ownership %

PROPOSED OWNERSHIP STRUCTURE

Printed Name:	Signature:	OK to sale?	Ownership %

By signing above, you acknowledge the change of ownership. All matter and things therein set forth are true under penalty of perjury in the second degree. You swear or affirm that this application has been examined, that the statements herein are made in good faith pursuant to the laws & regulations of the State of Colorado and the Town of Moffat, and to the best of your knowledge and belief are true, correct, and complete