



**Boulder County Marijuana & Liquor Licensing**  
 2025 14<sup>th</sup> Street · Boulder, CO 80302  
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 Phone: 303-441-3829  
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Intake Stamp
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## **Boulder County Change of Ownership Application**

Please review the Boulder County Marijuana Licensing Regulations for complete information. Submit this form of proposed changes and fee to the Marijuana Licensing Authority. The information provided in this application is **public record**.

### **Business Information:**

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

### **Check All Applicable Boxes:**

- Redistributing ownership/control among current ownership group
- Distributing ownership to new person(s) who will have any ownership or controlling interest
- Adding new person or business with either a direct or financial interest in the license

### **Questions:**

Is this ownership change, transfer or change of financial interest being submitted 30 days prior to the transfer or change being completed?

- Yes                       No

Has the licensed entity requesting the changes or transfers detailed in this application have an appointment with the Marijuana Enforcement Division to discuss these changes?

- Yes                       No

### **Current Ownership Structure:**

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, and their ownership in the license. List all parent, holding or other intermediary business interest. Use additional sheets or attachments if necessary.

Business Owner's Name		Signature	
Physical Address			
City	State	Zip Code	
Mailing Address			
City	State	Zip Code	
Phone Number	Email Address	Ownership %	

Business Owner's Name		Signature	
Physical Address			

City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number	Email Address	Ownership %

**Proposed Ownership Structure:**

List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity and their effective ownership in the license. Use additional sheets or attachments if necessary.

Business Owner's Name	Signature	
Physical Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number	Email Address	Ownership %

Business Owner's Name	Signature	
Physical Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number	Email Address	Ownership %

**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 & Title of Person Completing Form	Signature	
Phone number and Email address	Date	

**Acknowledgement of Submittal**

This Change of Ownership is acknowledged by the 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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