COLORADO

Department of Revenue

Natural Medicine Division

Natural Medicine Business License - Change of Owner Application

Colorado Natural Medicine Division

Natural Medicine Business License Change of Owner Instructions

Change of Owner applications must be submitted by the current license holder(s).

Application Checklist

☐ 1. Application Fully Completed

Type or clearly print, in English, an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. An applicant is prohibited from operating a Regulated Natural Medicine Business prior to obtaining all necessary approvals or licenses from the State Licensing Authority. **A separate application is required for each license type.**

☐ 2. Application Contents

- ☐ Disclosure Requirements
- ☐ Main Application
- ☐ Authorization Forms

The disclosure requirements and the main application must be completed in full by all applicants.

☐ 3. All Forms Signed and Attached

The following accompanying forms must be completed and signed by all Owner's whose Owner's Interests are proposed to change with this application and any Owner's being added.

- ☐ Affirmation and Consent
- ☐ Tax Check Authorization and Request to Release Information
- ☐ Investigation Authorization / Authorization to Release Information
- ☐ Applicant's Request to Release Information

☐ 4. Required Disclosures

- ☐ **See Application Required Disclosures (page 3 & 4 of application)**

Upon request by the Division, an Applicant must provide additional information or documents required to process and investigate the application, within seven (7) days of the request. **Please note:** This deadline may be extended for a period of time commensurate with the scope of the request.

☐ 5. Application and License Fees

All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

See fee table on website: *https://DNM.Colorado.gov/*

Application fees remitted to the State Licensing Authority and/or the Department of Revenue, are non-refundable.

☐ Submit complete application packet.

☐ Checks (in the name of the applicant or applicants attorney's trust account), money orders and major credit cards (subject to service charge) are accepted and due at the time of application.

☐ Mail-in applications can only be paid by check or money order.

☐ 6. Application Submittal

Applications can be submitted in person or by mail with all attachments and requisite fees to:

Mailing Address:
Attn: NMD/Natural Medicine
Colorado Department of Revenue
P.O. Box 17087
Denver CO 80217-0087

Physical Address:
1707 Cole Blvd., Suite 300
Lakewood CO 80401

Note: If using a delivery service such as FedEx or UPS, you will need to use the physical address.

Note: Incomplete applications will not be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood Office prior to the end of the next business day.

Change of Owner(s) Application Required Disclosures

☐ Copy of the Local license application, if required by the local jurisdiction.

☐ Organizational Chart, including the identity and ownership percentage of all Owners.

☐ Certificate of Good Standing from jurisdiction where Entity was formed. (Must be U.S. or country that authorizes the sale of natural medicine).

☐ Organizational documents including identity and physical address of the registered agent in Colorado.

Organizational Documents (Indicate which document is being provided)

☐ Articles of Incorporation

☐ Shareholder Agreement

☐ By-Laws

☐ Operating Agreement for LLC

☐ Partnership Agreement for Partnership

Corporate Governance Documents (Indicate which document is being provided)

☐ Permitted, but not required for Privately held companies

☐ Asset Purchase agreement, Merger agreement, sales contract or any other document necessary to effectuate the change of owner.

☐ Provide a current, executed lease and floor plans.

☐ An application for each new proposed owner unless owner license has already been obtained and is current.

☐ Voluntary Surrender of any individual and/or entity who will not remain an Owner on any licensed Natural Medicine Business, will be required upon approval and issuance of the Change of Owner.

☐ Copy of State Sales Tax or Wholesale license and any other document necessary to verify tax compliance.

Affirmation of Complete Application

Printed Name

Signature

Date (MM/DD/YY)

Colorado Natural Medicine Licensing Authority

Natural Medicine Business License Application
Change of Owner

License Types

Retail

- ☐ Healing Center
- ☐ Micro Healing Center
- ☐ Natural Medicine Cultivation Facility
- ☐ Natural Medicine Micro Cultivation Facility
- ☐ Natural Medicine Product Manufacturer
- ☐ Natural Medicine Testing Facility

Seller's Information

Seller's Legal Business Name (Please Print)

Natural Medicine License Number

Registered Trade Name (DBA)

Federal Taxpayer ID

Colorado Sales Tax License Number

Name of Registered Agent

Physical Address

Street Address of Natural Medicine Business

City

County

State

ZIP Code

Business Phone Number

Email Address

Mailing Address (If Different From Physical Address)

Address

City

State/Prov

ZIP Code

Main Business Contact Person Information

Primary Contact Person for Business

Primary Contact Phone Number

Primary Contact Email

Jurisdiction

Jurisdiction of Incorporation or Creation of Business Entity

Date (MM/DD/YY)

If a Corporation, List all Jurisdictions Where the Corporation is Authorized to Conduct Business

Buyer (or additional Owner(s)) Questions

1. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) under the age of twenty-one years? ..... ○ Yes ○ No

2. Do you have or will you have possession of a licensed premises? ..... ○ Yes ○ No

3. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Regulated Natural Medicine Business?

If Yes, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency. ..... ○ Yes ○ No

4. Has a judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign or security law or regulation, ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If Yes, provide details on a separate sheet and attach any applicable documents. ..... ○ Yes ○ No

5. Has the applicant (including any parent companies), been indicted, served with a criminal summons, charged with or convicted of **any** crime or offense in any manner in the last 3 years? Include **all** offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty.

If Yes, explain in detail on a separate sheet and attach it to your application. Provide official documentation from the court showing the final disposition for any felony charge or those related to a controlled substance. (Sealed or expunged non-convictions need not be disclosed.) ..... ○ Yes ○ No

6. Are you a Person (Entity) applying for a license at a location that is currently licensed as a retail food establishment?

If Yes, explain on a separate sheet ..... ○ Yes ○ No

7. Has the buyer(s) or additional Owner(s) filed all Owner applications required by the Division? ..... ○ Yes ○ No

Local Licensing Authority (To Be Completed By Current License Holder)

Local Licensing Authority

Local Licensing Authority Contact Name

Contact Phone

Contact Email

Date of Application with Local Authority, If Required

Date of Approval

Date of Expiration

Does the local licensing authority permit this type of business in their jurisdiction?..... ◯ Yes ◯ No

Current Ownership Structure

Owners with ownership and/or Executive Officers, Managers and any other individual that have financial interest or control the Natural Medicine business.

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Current Ownership Structure (continued)

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Buyer's Proposed Business Information (Not Applicable If Only Adding New Owner(s))

New Legal Business Name

Trade Name

Physical Address

Mailing Address

Business Phone Number

Federal Taxpayer ID

Colorado Sales Tax License Number

Business Email Address

Main Business Contact Person (Not applicable if only adding new Owner(s))

Primary Contact Person for Business

Primary Contact Phone Number

Primary Contact Email

Physical Address of Contact Person

City

State

ZIP Code

Proposed Ownership Structure

Owners with ownership and/or Executive Officers, Managers and any other individual that have financial interest or control the Natural Medicine business. (Do not include the licensed entity on this table.).

Name

SSN/FEIN

Date of Birth

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

SSN/FEIN

Date of Birth

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

SSN/FEIN

Date of Birth

License Number

Business Associated with (Parent Business or Sub-Entity)

Total Ownership % in NMB (include Direct ownership and any Entity %)

Proposed Ownership Structure (continued)

Name

SSN/FEIN | Date of Birth | License Number

Business Associated with (Parent Business or Sub-Entity) | Total Ownership % in NMB (include Direct ownership and any Entity %)

Name

SSN/FEIN | Date of Birth | License Number

Business Associated with (Parent Business or Sub-Entity) | Total Ownership % in NMB (include Direct ownership and any Entity %)

Printed Legal Business Name | Printed Trade Name (DBA)

Are there any outstanding options, warrants or contracts, that may be exercised into an Owner's Interest in the Natural Medicine business within the next 60 days that would constitute an Owner? If Yes, attach list of persons..... ◯ Yes ◯ No

Are there any other Persons, other than those listed in the Ownership Structure, that can Control the Natural Medicine business? If Yes, attach list of persons..... ◯ Yes ◯ No

What is the funding source for this Change of Ownership (attach supporting documents)?

Financial Interest Holder

List those with a lease, secured or unsecured promissory notes, management agreements, insurance policies, membership, partnership, or other ownership interest, including but not limited to a share of stock, in a Natural Medicine business as defined in Rule 2140.

Name of Interest Holder | Date of Birth | SSN/FEIN

Address

City | State | ZIP Code

Types of Interests

Name of Interest Holder | Date of Birth | SSN/FEIN

Address

City | State | ZIP Code

Types of Interests

Name of Interest Holder | Date of Birth | SSN/FEIN

Address

City | State | ZIP Code

Types of Interests

Name of Interest Holder | Date of Birth | SSN/FEIN

Address

City | State | ZIP Code

Types of Interests

Affirmation & Consent

I/We, _____ ,

as an owner(s) for the applicant business, hereby attest the entire Natural Medicine Owner License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and this statement is executed with knowledge that misrepresentation or failure to reveal information requested may be good cause for denial of a Natural Medicine license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation may be grounds for disciplinary action against the license. I consent to any background investigation(s) necessary to determine my present and continuing suitability to hold a Colorado Natural Medicine license.

I hereby attest I reviewed the distance restrictions established by the Natural Medicine Code at section 44-50-302(1)(d), C.R.S., and confirm the location for the proposed Natural Medicine Business associated with this Application complies with these distance restrictions. I execute this statement knowing the State Licensing Authority is required to review compliance with distance restrictions and deny this Application if the proposed Natural Medicine Business does not comply with the statutory distance restrictions.

I hereby attest I reviewed and confirmed compliance with all applicable local ordinances and restrictions governing the time, place, and manner of operation of the proposed Natural Medicine Business associated with this Application. I execute this statement knowing it is my obligation, as an applicant for a Natural Medicine Business or Owner license, to review and confirm compliance with applicable local ordinances and restrictions, and failure to comply with local ordinances and restrictions is grounds for disciplinary action, including but not limited to application denial.

I hereby attest I do not presently hold a Financial Interest, as defined in Rule 1025, 1 CCR 213-1, in five or more Natural Medicine Business licenses **Note:** If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account(s) electronically.

Print Full Legal Name of Owner clearly below:

Applicant's Legal Business Name

Trade Name (DBA)

Last Name of Owner (Please Print)

First Name of Owner

Middle Name of Owner

Signature

Date (MM/DD/YY)

Last Name of Owner (Please Print)

First Name of Owner

Middle Name of Owner

Signature

Date (MM/DD/YY)

Last Name of Owner (Please Print)

First Name of Owner

Middle Name of Owner

Signature

Date (MM/DD/YY)

Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner

Signature	Date (MM/DD/YY)

Confidential Document: This document is the property of the State Licensing Authority and the Natural Medicine Division, and is provided for Official Use Only. Completed documents submitted to the Natural Medicine Division or the State Licensing Authority are confidential and will not be reproduced outside an express disclosure allowance.
Note: If there are more than four (4) owners, please use a second Affirmation & Consent page (page 12 of 17).

Tax Check Authorization and Request To Release Information

I _____

am signing this waiver on behalf of _____

(the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Natural Medicine Division, which requires proof of compliance with certain tax obligations pursuant to section 44-50-203(1)(d), C.R.S., and Natural Medicine Rule 2135(A)(5). This waiver is made pursuant to section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved for one year from the date of licensure

Applicant/Licensee requests that the Colorado Department of Revenue and any other local taxing authority release the following information and supporting documentation to the Colorado Natural Medicine Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file any state tax return with the Colorado Department of Revenue or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other local taxing authority gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

Tax Check Authorization and Request To Release Information (continued)

Applicant/Licensee authorizes the Colorado Department of Revenue and local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Natural Medicine Division and its legal representatives to use the information and documentation obtained from the Colorado Department of Revenue and any other local taxing authority in any administrative action regarding the application or license. To assist the Colorado Department of Revenue and local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

Applicant's Name (Individual/Business)

Social Security Number/Tax Identification Number

Street Address

City | State/Prov | ZIP Code

Legal Last Name (Please Print) | Legal First Name | Full Middle Name

Applicant's Signature | Date (MM/DD/YY)

Investigation Authorization/Authorization to Release Information

I _____

hereby authorize the Colorado Natural Medicine Licensing Authority, the Natural Medicine Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I authorize the release of this type of information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of Owner clearly below:

Applicant’s Legal Business Name

Trade Name (DBA)

Legal Last Name (Please Print)

Legal First Name

Full Middle Name

Signature

Date (MM/DD/YY)

Confidential Document: This document is the property of the Colorado Natural Medicine State Licensing Authority and the Colorado Natural Medicine Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

Applicant's Request to Release Information

TO: (Leave this Blank)

FROM: (Applicant's Printed Name)

1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Natural Medicine Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Natural Medicine Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Natural Medicine Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Natural Medicine Division, my power of attorney with authority to:
   (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
   (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
   (c) To place the name of the agent presenting this request in the appropriate location on this request.
5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present. I hereby ratify and confirm my consent for all that the power of attorney shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution.
7. I understand and accept that by filing an application for a Natural Medicine license, I am seeking the granting of a privilege and acknowledge the burden of proving my qualifications to hold a Natural Medicine license is at all times on me. I further accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.

8. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.

9. I agree to indemnify and hold harmless the person to whom this request is presented and his/her/their agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

10. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Applicant's Legal Business Name

Trade Name (DBA)

Applicant's Last Name (Please Print) | First Name | Full Middle Name

Signature | Date (MM/DD/YY)