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**COLORADO**  
Department of Revenue

**Natural Medicine Division**

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# **Changes Application (COL/COTN)**

## Can You Submit One Report of Changes Application for Multiple Business Licenses?

Yes. The Natural Medicine Division has created a **Change Application** to permit a licensee to submit one application for multiple Natural Medicine Business licenses operating under one legal business or business entity name. Application to be used for a Change or Addition of a Trade Name and/or a Change or Modification of Location. **It is important to note that this singular submission option applies to:**

1. Natural Medicine Business licenses operating under one legal business or business entity name;
2. Applications for which all the information provided equally applies to all the Natural Medicine Business licenses noted in the singular application.

### All Report of Changes Applications

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Are all licenses listed for the reported change, currently operating under one legal business entity name? .....	Yes	No	N/A
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Please note a separate application and fee is required for each application type (COTN, COL) and each legal business entity.

### Change of Trade Name

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Is the proposed trade name the same for all licenses? .....	Yes	No	N/A
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### Change of Location

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Is the proposed new physical address the same for all licenses? .....	Yes	No	N/A
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**If you answered yes to all questions that apply to your change, you may be able to submit one Report of Changes application for all licenses affected by the change.**

If you submit one application that in fact requires separate application submissions, the assigned investigator will contact you and inform of the need to submit additional applications, which may delay any further review and processing of your changes. **Note:** Fees for multiple application submissions may not be refundable.

**Colorado Natural Medicine Division**  
Change Application Instructions

**Application Checklist**

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Please refer to fee schedule on the website - <https://DNM.Colorado.gov/>

**1. Types of Changes**

A separate application packet must be submitted for each license affected by the change, each type of change, and each different legal business entity. **(Refer to previous page for guidance on multiple licenses on one application.)** Check the appropriate box below and proceed to the next page. **Include all attachments.**

**1. To Change Trade Name (COTN):** Complete the COTN section. Submit a copy of the New Trade Name registration (from the Secretary of State's Office).

**2. To Change Location (COL):** Complete the COL section of the application. Include any required documentation.

**2.** 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.

**Note:** This deadline may be extended for a period of time commensurate with the scope of the request.

**3. Application Submittal**

Bring in or mail in application (check or money order only if mailed) and all attachments and requisite fees. **Note:** If using a delivery service such as FedEx or UPS, you will need to use the physical address.

**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:** 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.

## Natural Medicine Division Change Application

(Keep a copy of this application for your records)

License Number(s) (All answers must be printed legibly or typewritten)

Legal Business Name (A separate application is required for each legal business entity)

Current Business Address

City State ZIP Code

Primary Contact Person for Business

Primary Contact Phone Number

Primary Contact Title

Mailing Address for Business

City State ZIP Code

Primary Contact Email

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### Change Trade Name

Change of Trade Name / DBA only (Attach the following supporting documents)

1. Copy of Change of Trade Name or Amendment filed with the Colorado Secretary of State
2. Copy of new Trade Name registration

Old Trade Name

New Trade Name

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### COTN - Oath of Applicant

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I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Printed Last Name of Owner/Principal

First Name

Full Middle Name

Title

Signature of Owner/Principal

Date (MM/DD/YY)

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### Change of Location

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**Note:** Licensees may not move their licensed premises until approved by the state, Department of Revenue.

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#### Address of Current Premises

Address of Current Premises

City

County

ZIP Code

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#### Change of Location

Is this change of location to increase or decrease the size of the existing  
licensed premises?..... Yes No

Will this change of location result in a change of address? If yes, provide the  
address of proposed new premises..... Yes No

Address of Proposed New Premises, if Applicable (Please fill out the zoning attestation, if applicable)

City

County

ZIP Code

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#### New Mailing Address

New Mailing Address, if Applicable

City

County

ZIP Code

Attach detailed diagram of the premises and include a separate security drawing (Diagrams to be single-sided on 8.5x11 inch paper, preferably in color).

Will the proposed change result in the licensed premises now being located within 1000 feet of any public or private school or childcare facility that meets compulsory education requirements of Colorado law?..... Yes No

(If yes, explain in detail on a separate sheet of paper, describe any exemptions that apply and provide a copy of the exemption or local ordinance)

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**COL - Oath of Applicant**

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I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Printed Last Name of Owner/Principal

First Name

Full Middle Name

Title

Signature of Owner/Principal

Date (MM/DD/YY)

## Local Zoning Attestation Form

This form must be completed as part of the Natural Medicine Business application submission. The Natural Medicine Division must confirm that all businesses are in compliance with local zoning code requirements. If there are no natural medicine specific zoning regulations, the Natural Medicine Division will confirm compliance with any applicable local zoning requirements.

**Please note that the Division will not license to a private residence.**

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In order to show compliance with Rule 2125(2)(b),

I,  
an authorized representative of:

Business Name

Business License Number

Physical Address

attest that the license above is in substantial compliance with the local jurisdiction zoning requirements for my business type:

**This includes confirmation that the proposed licensed premises:**

Initial Here

Is not located at a private residence; and

Initial Here

Is zoned properly for the Natural Medicine Business; **or**

Initial Here

Does not have a local jurisdiction requirement regarding Natural Medicine Business locations.

**Confirmation of your zoning ordinance can be shown in different ways, please attach a copy of one of the following:**

A PDF copy of your jurisdiction's zoning code

A copy of email correspondence from your local jurisdiction confirming their zoning requirements for your Natural Medicine Business type

A copy of email correspondence from your local jurisdiction confirming they have no requirements regarding Natural Medicine Businesses

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Printed Name

Owner License Number

Signature

Date (MM/DD/YY)