



CITY OF FEDERAL HEIGHTS
OFFICE OF THE CITY CLERK
2380 W 90th Avenue
Federal Heights, CO 80260

RENEWAL APPLICATION FOR MARIJUANA BUSINESS

(Please print where applicable.)

Medical

Retail

Co-Located

1. Applicant is a(n): Individual Partnership Corporation Limited Liability Company
2. Name of Applicant: If partnership, list partners' names; if corporation, name of corporation; if limited liability company, name of company.

3. Trade Name of Establishment:

4. Address of Business:

5. Local Business Phone Number: _____ Email: _____

6. This renewal reflects no changes since last application.

This renewal reflects the following changes from last application:

7. If corporation, please list names of corporate officers:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Directors: _____

8. List of stockholders who have a financial interest in this business:

Name	Address	Date of Birth	Position	% Ownership
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. If Limited Liability Company, please list:

Manager(s) _____

10. List all partners who have a financial interest in this business:

Name	Address	Date of Birth	% Interest
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Name of on-premises manager: _____

12. If premises is leased, state name and address of the landlord and term of lease. If the lease has changed since last application, attach a copy of the new lease.

I declare under penalty of perjury in the second degree that this renewal application and all attachments are true, correct and complete to the best of my knowledge.

Authorized Signature and Title

Date