



**ARAPAHOE COUNTY**

**MARIJUANA STORE  
LOCAL LICENSE APPLICATION**

County Attorney's Office  
5334 S. Prince Street  
Littleton, CO 80120-1136

**BUSINESS PREMISES INFORMATION**

Legal Business Name: \_\_\_\_\_

Trade Name (dba): \_\_\_\_\_

FEIN: \_\_\_\_\_

State Sales Tax No.: \_\_\_\_\_

Licensed Premises Address of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**TYPE OF LICENSE (Please choose one):**

\_\_\_ Retail Marijuana Store License

\_\_\_ Medical Marijuana Store License

**APPLICATION REQUEST (Please choose only one – a separate application is required for each):**

\_\_\_ New License

\_\_\_ License Renewal

\_\_\_ Transfer of Ownership of Local License

\_\_\_ Internal Ownership Structural Change

\_\_\_ Change of Trade Name

\_\_\_ Change of Location

\_\_\_ Modification of Premises

**For internal use only:**

Date Application Received: \_\_\_ / \_\_\_ / \_\_\_

Application Fee Paid: \_\_\_ / \_\_\_ / \_\_\_

Date of Decision: \_\_\_ / \_\_\_ / \_\_\_