REQUEST FOR APPEAL HEARING

- IMPORTANT NOTICE -

Notice: Any applicant whose application has been denied without a hearing is entitled to a hearing upon written request to the Director of the Department of Excise and Licenses (the "Department"), and completion of certain requirements. To be eligible for a hearing, the applicant **must not** have had a hearing previously, and **must** submit this form to EXLRecordsManagement@denvergov.org **AND** CAOExciseandLicense@denvergov.org within ten (10) days of the mailing date of the Denial Order.

- Applicant Information -

Denied Transaction: ☐ New Application ☐ Transfer of Ownership ☐ Change of Location

☐ Modification of Premises ☐ Change of Corporate Structure

Entity Name: _____

Trade Name (If applicable): _____

Business File No: 20___ ___ - BFN - _____

Mailing Date of Order of Denial: _____

State License No. (if applicable): _____

Buyer's Entity Name (if applicable): _____

Buyer's Trade Name (if applicable): _____

Current Facility Address (if applicable): _____

Proposed Facility Address (if applicable): _____

Responsible Party: _____ _____ _____
Title *First* *Last*

_____
Mailing Address

_____ (_____)_____
Email Address *Phone*

- Facility Details -

I wish to appeal the denial of the following license application(s):

☐ Medical/Retail Marijuana Store or Center
☐ Medical/Retail Marijuana Cultivation Facility
☐ Medical/Retail Marijuana-Infused Products Manuf.
☐ Medical/Retail Marijuana Testing Facility
☐ Liquor License
☐ Merchant Guard License
☐ Other Individual License
☐ Other Business License

- Applicant's Declaration and Signature -

I hereby request a hearing to appeal the Order of Denial issued by the Denver Department of Excise and Licenses for the application identified above. **I understand that to be eligible for a hearing on the denial of my application, I must not have had a public hearing or otherwise been afforded a hearing, and I must (1) complete the above information, (2) submit an executed copy of this form to EXLRecordsManagement@denvergov.org AND CAOExciseandLicense@denvergov.org, and (3) complete both requirements within ten (10) days of the mailing date of the denial order issued by the Department.** I understand that the Department will recognize faxed signatures or signatures sent by pdf, and that such executed copy of this request is authorized to create an effective original hereof and shall have the full force and effect of an original executed instrument.

I hereby further certify that I am an authorized representative of the Applicant, that I have read the above information, and that all information that I have provided, as well as any attachments hereto are true, accurate, and complete to the best of my knowledge.

SIGN HERE: _____ Date: _____

PRINT: _____ Title: _____