REQUEST FOR VOLUNTARY WITHDRAWAL OF APPLICATION

- IMPORTANT NOTICE -

Warning: This is a request to stop the application process and withdraw your application to obtain a new local license, to transfer the ownership or change corporate structure of an existing license, to modify a licensed premises, OR to change the location of a license, pursuant to the Denver Revised Municipal Code (the "D.R.M.C."). Once the application is withdrawn, you must restart the application process and any claim of reconsideration, hearing, and appeal will be forfeited. The Denver Department of Excise and Licenses will report the withdrawal of any application to the applicable State Licensing Authority. Any application fee(s) paid are not refundable.

- Applicant Information -

Application 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 - _____

Amendment ID.: 20___ ___ - AMEND - _____

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*

- Withdrawal Details -

I wish to withdraw the following license application(s) from the application process:

☐ 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 the withdrawal of my application identified above. **I understand (1) that this request may not be cancelled after it has been submitted, (2) that the withdrawn application and all related materials will remain a part of the Department's records, and (3) that any application fees are not refundable.** I understand that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: _____