



**City and County of Denver**  
DEPARTMENT OF EXCISE AND LICENSES  
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## Application Denial Review Request

Date: \_\_\_\_\_ Business Filing Number (BFN): \_\_\_\_\_

To Whom It May Concern,

I, \_\_\_\_\_, hereby request a review of the denial  
Name of Applicant

pertaining to my \_\_\_\_\_ application.  
Denied Application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
Mailing Address (Street Address, City, State and Zip Code)