

# 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 Once the application is withdrawn, you must restart the application process and any claim of reconsideration, hearing, and appeal will be forfeited.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. Any license fee(s) may be refunded upon request by the applicant.

## - Applicant Information -

**Application Transaction:**  New Application  Renewal Application  Change of Location/Ownership  
 Modification of Premises  Change of Corporate Structure

Applicant Name: \_\_\_\_\_ Proposed Trade Name (If applicable): \_\_\_\_\_  
*Individual or Entity*

License Facility Address: \_\_\_\_\_

Business File No.: 20\_\_\_ - BFN - \_\_\_\_\_

Renewal ID: 20\_\_\_ - RENEW - \_\_\_\_\_ Amendment ID: 20\_\_\_ - AMEND - \_\_\_\_\_

State License No. (if applicable): \_\_\_\_\_  
*Marijuana/Liquor Licenses Only*

Seller Entity Name (if applicable): \_\_\_\_\_ Seller Trade Name (if applicable): \_\_\_\_\_  
*Marijuana/Liquor Licenses Only*

Proposed Facility Address (if applicable): \_\_\_\_\_  
*Marijuana/Liquor Licenses Only*

Responsible Party: \_\_\_\_\_  
*Title First Last*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Phone Number*

## - Withdrawal Details -

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

- |   |   |
|---|---|
| <input type="checkbox"/> Medical/Retail Marijuana License | <input type="checkbox"/> Security Guard License   |
| <input type="checkbox"/> Liquor License                   | <input type="checkbox"/> Other Individual License |
| <input type="checkbox"/> Short-Term Rental License        | <input type="checkbox"/> 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 **I understand (1) that this request may not be cancelled after it has been submitted, (2) that the withdrawn application and all related materials will remain a part of the Department's records, and (3) that any application fees are not refundable.** I understand that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: \_\_\_\_\_

To submit, please email this completed form to [EXLApplications@denvergov.org](mailto:EXLApplications@denvergov.org)

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