



Request for Voluntary Withdrawal of Application

IMPORTANT NOTICE

Warning: this is a request to stop the application process and withdraw your local application (a new application of an existing license, to modify licensed premises, OR to change the location of a license). Once the application is withdrawn, you must restart the application process, and any claim of reconsideration, and appeal will be forfeited. The City of Fort Collins City Clerk’s Office will report the withdrawal of any application to the applicable State Licensing Authority. Any application fee(s) paid are **not refundable**. Please describe all components of the application being withdrawn. **Submit this completed form to marijuanalicensing@fcgov.com**

Applicant Information

Application Transaction:

- New Business Application
 Transfer of Ownership Application
 Change of Location
 Modification of Premise
 Change of Ownership-including Exempt
 Renewal Application

Applicant’s Legal Business Name
(Individual or Entity):

Trade Name of Business:

Owner/Rep’s First and Last Name

Email:

Ft Collins License Nos. (all):

Current Facility Address (if applicable):

- Marijuana Store
 Marijuana Cultivation Facility
 Marijuana Products Manufacturing
 Marijuana Business Operator
 Marijuana Testing Facility

Withdrawal Details

I wish to withdraw the following license application(s) from the application process: _____ . (please be specific)

The reason I wish to withdraw my application is: _____
_____.

Applicant’s Declaration and Signature

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 I understand (1) that this request may not be canceled after it has been submitted; (2) that the withdrawn application and all related materials will remain a part of the Department’s records, and (3) that any application fees are not refundable.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

Signature: _____ Date: _____

Owner Printed Name: _____

Title _____