



Received: []

BEFORE THE LOCAL LICENSING AUTHORITY
CITY OF COLORADO SPRINGS

AFFIDAVIT FOR SURRENDER
OF CITY MEDICAL MARIJUANA (MMJ) BUSINESS LICENSES

IN THE MATTER OF:

LICENSEE INFORMATION
1. Name of Applicant (list Corporation/LLC/Partnership/Association/Sole Proprietor):
2. Trade Name (DBA):
3. MAILING Address: City: State: ZIP:
4. Email: Business Phone: Alternate Phone:
5. Primary Contact Name: Title:

LICENSE INFORMATION (list all types for surrender)
Table with 5 columns: City License #, Associated State License #, License Type, License Address/Location, Current Expire Date

LICENSEE AFFIRMATION

I, _____ (printed name), hereby voluntarily surrender the above listed City Medical Marijuana Business Licenses and all related licensing privileges to the Local Licensing Authority of the City of Colorado Springs.

The Licensee also voluntarily surrenders its associated State Medical Marijuana Business Licenses and will independently file for surrender with the Colorado Department of Revenue, Marijuana Enforcement Division, to be acted on pursuant to its policies.

The Licensee states that this surrender is made voluntarily by the Licensee, and that the Licensee is not surrendering the aforesaid City Medical Marijuana Business Licenses and privileges as the result of any threat, promise or coercion by the Local Licensing Authority, or any of its agents or employees.

The Licensee acknowledges that this surrender is not an attempt to avoid prosecution of a violation of the Colorado Medical Marijuana Code and that the State or City may refuse to accept this affidavit of surrender until after any pending administrative action is complete.

The Licensee further acknowledges that an application to transfer these licenses has not been filed with the Local Licensing Authority.

I affirm under penalty of perjury, that I am authorized to surrender these licenses on behalf of the aforementioned Licensee.

Authorized Licensee Agent Signature Title Date