

BEFORE THE LOCAL LICENSING AUTHORITY CITY OF COLORADO SPRINGS

OFFICE OF THE CITY CLERK						
	Received:					

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

IN THE MA	TTER OF:						
LICENSE	INFORMATIO						
1. Name of	Applicant (list Co	prporation/L	.LC/Partnership/Asso	ciation/Sole	Proprietor):		
2. Trade Na	me (DBA):						
3. MAILING			City: S		State:	ZIP:	
	_			_			
4. Email:			Business Phone:		Alternate Ph	one:	
5. Primary (Contact Name:			Title:			
LICENSE	INFORMATION	l (list all t	ypes for surrende	r)			
City	Associated	License					Current
License #	State License #	Туре	License Address/Location				Expire Date
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Medical Marij		at the State	nder is not an attempt or City may refuse to a				
The Licensee Licensing Aut		lges that an	application to transfe	r these licens	ses has not bee	en filed with	the Local
l affirm under Licensee.	penalty of perjury	, that I am a	uthorized to surrende	these licens	ses on behalf o	f the aforen	nentioned
Authorized	Licensee Agent S	Signature	Title			Date	