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BEFORE THE LOCAL LICENSING AUTHORITY
CITY OF COLORADO SPRINGS

AFFIDAVIT FOR WITHDRAWAL
OF CITY MEDICAL MARIJUANA (MMJ) BUSINESS LICENSE APPLICATION

IN THE MATTER OF:

APPLICANT 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 APPLICATION INFORMATION (list all types for withdrawal)
APPLICATION TYPE: [ ] NEW [ ] TRANSFER [ ] MODIFICATION OF PREMISES [ ] CHANGE OF LOCATION
[ ] CHANGE OF OWNERSHIP STRUCTURE [ ] OTHER:
Table with 5 columns: City Application #, Associated State App #, License Type, License Address/Location (or description of change), Application Date

APPLICANT AFFIRMATION

I, \_\_\_\_\_ (printed name), hereby voluntarily withdraw the above listed City Medical Marijuana Business License Application(s) and all related licensing rights and privileges to the Local Licensing Authority of the City of Colorado Springs.

By this voluntary withdrawal, the Applicant acknowledges and understands that this request may not be cancelled after it has been submitted, that there will not be a refund of any application fee, and that the withdrawn application and all related materials will remain a part of the records of the Local Licensing Authority.

The Applicant also voluntarily withdraws its associated application(s) for State Medical Marijuana Business Licenses and will independently file for withdrawal with the Colorado Department of Revenue, Marijuana Enforcement Division, to be acted on pursuant to its policies.

The Applicant states that this withdrawal is made voluntarily by the Applicant, and that the Applicant is not withdrawing the aforesaid City Medical Marijuana Business License Application as the result of any threat, promise or coercion by the Local Licensing Authority, or any of its agents or employees, nor as an attempt to avoid prosecution of a violation of the Colorado Medical Marijuana Code.

I affirm under penalty of perjury, that I am authorized to withdraw these license application(s) on behalf of the aforementioned Applicant.

Authorized Applicant Agent Signature Title Date