

REQUEST TO CLOSE MARIJUANA LICENSE

Do not sign until notary is present

On behalf of _____, I _____
Legal Name of Licensee Name & Title of Individual Authorized to Submit this Request

request that the following license record be closed:

License Name:	License Number(s):
Forwarding Mailing Address:	
Reason for Closure (Optional):	

I request the above license be closed:

- Immediately
- On the license expiration date

If there are any questions or concerns with this request, please contact me at:

Phone Number: _____

E-mail Address: _____

Authorized Individual Signature

Date

Authorized Individual Printed Name

Subscribed and sworn to by _____ before me on _____
(Authorized Individual Name) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
(county) (state)

My commission expires: _____.

Please note the following for licenses with inventory in METRC:

A licensee must complete all METRC related tasks before requesting to close a license. For further instructions on how to complete all METRC related tasks before requesting to close a license, please review the [Closing a Licensed Marijuana Business](#) webpage.