

REQUEST TO CLOSE MARIJUANA LICENSE

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):
Reason for Closure (Optional):	
I request the above license be closed: <input type="checkbox"/> Immediately <input type="checkbox"/> On the license expiration date	Does the licensee have inventory in METRC? <input type="checkbox"/> Yes (see below for more information) <input type="checkbox"/> No

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

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.