DENVER
LICENSING & CONSUMER PROTECTION

Request for Appeal Hearing – Business

Revised 3.13.2023

Important Notice

Notice: Any applicant whose application has been denied without a hearing is entitled to a hearing upon written request to the Director of the Department of Licensing & Consumer Protection (the "Department"), and completion of certain requirements. To be eligible for a hearing, the applicant **must not** have had a hearing previously, and **must** email this form to DLCPRecordsManagement@denvergov.org **AND** CAOExciseandLicense@denvergov.org within ten (10) days of the mailing date of the Denial Order.

Applicant Information

Denied Transaction:

☐ New/Renew Application ☐ Transfer of Ownership ☐ Change of Location ☐ Modification of Premises ☐ Change of Corporate Structure

Entity Name: _____

Trade Name (if applicable): _____

Business File Number: 20 _____ - BFN - _____

Buyer's Entity Name (if applicable): _____

Buyer's Trade Name (if applicable): _____

Current Facility Address (if applicable): _____

Proposed Facility Address (if applicable): _____

Responsible Party:

Title: _____ First: _____ Last: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Date of mailing of Order of Denial: _____

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DENVER
EXCISE & LICENSES

Facility Details

I wish to appeal the denial of the following license application(s):

- ☐ Medical/Retail Marijuana Store or Center
- ☐ Medical/Retail Marijuana Cultivation Facility
- ☐ Medical/Retail Marijuana-Infused Products Manuf.
- ☐ Medical/Retail Marijuana Testing Facility
- ☐ Liquor
- ☐ Other Business

Applicant's Declaration and Signature

I hereby request a hearing to appeal the Order of Denial issued by the Denver Department of Licensing & Consumer Protection for the application identified above. **I understand that to be eligible for a hearing on the denial of my application, I must not have had a public hearing or otherwise been afforded a hearing, and I must (1) complete the above information, (2) email an executed copy of this form to** DLCPRecordsManagement@denvergov.org **AND** CAOExciseandLicense@denvergov.org **and (3) complete both requirements within ten (10) days of the mailing date of the denial order issued by the Department.** I understand that the Department will recognize faxed signatures or signatures sent by pdf, and that such executed copy of this requires is authorized to create an effective original hereof and shall have the full force and effect of an original executed instrument.

I hereby further certify that I am an authorized representative of the Applicant, that I have read the above information, and that all information that I have provided, as well as any attachments hereto are true, accurate, and complete to the best of my knowledge.

Signature: _____ Printed Name: _____

Date: _____ Title: _____

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