

Cannabis Business License Application Withdrawal Form

Form Instructions

This form is a request to withdraw your application from the application process and/or close your business license. A single form may be used to withdraw multiple applications or licenses at a single address, under a single entity name. For applications or licenses at different addresses and/or under different entity names, please fill out a separate form for each address/entity. **All application withdrawals are deemed final with no rights for reinstatement. Applicants shall forfeit any and all rights and entitlements as to withdrawn applications once submitted to the City of Long Beach.**

All owners associated with a cannabis business license or application must sign this withdrawal form to formally withdraw the application or close the business license. All signatures included in this form must be notarized to be valid.

This notarized form with original signatures must be submitted by mail or in-person to the City of Long Beach Business Services Bureau, Attn: Susan Gonzalez, 411 W. Ocean Blvd. 6th Floor, Long Beach, CA 90802.

Business/Premises Information

LEGAL BUSINESS NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION/SOLE PROPRIETOR):	DOING BUSINESS AS (DBA):
PREMISES PHYSICAL ADDRESS:	ASSESSOR PARCEL NUMBER (APN):

License/Application Information

CITY LICENSE ACCOUNT NUMBER	STATE LICENSE NUMBER (IF APPLICABLE)	LICENSE TYPE (Adult-Use or Medical)	TYPE OF COMMERCIAL CANNABIS ACTIVITY

* Attach additional sheets if necessary

Applicant's Declaration and Signature

I/we hereby request the withdrawal of the application(s)/license(s) identified above. **I understand (1) that this request may not be cancelled after it has been submitted, (2) that the withdrawn application(s) and all related materials will remain a part of the City's records, and (3) that any application fees are not refundable.** I/we certify that the information contained herein is complete, true, and accurate. I/we understand that all application withdrawals are deemed final with no rights for reinstatement. I/We hereby acknowledge that I/we have read and understand this document and that by signing this document I/we give up substantial rights and that I/we are signing this document freely and voluntarily.

PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE: