MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Request to Surrender Cannabis License Voluntarily

NOTICE – This is a request to surrender your cannabis business license voluntarily. By submitting this request, you surrender all rights attached to your license, **including the ability to legally challenge the voluntary license surrender**. You will not receive a refund of your application or license fee. If you wish to obtain a cannabis business license in the future, you will have to complete a new application and pay all associated fees. *Note: New applications may only be submitted during a valid application window.*

License holder information

Legal business name	
OCM license number	
Applicant name	
Phone number	
Email address	

Ceasing cannabis-related activities

Before submitting this form to surrender your license voluntarily, any regulated product in your possession must be sold to another license holder who is authorized to purchase it from your business, or it must be destroyed per your standard operating procedures. OCM may inspect your facility to verify that all inventory has been properly disposed of prior to granting your surrender request. If your business possesses or sells any regulated product after the surrender date, you may be subject to enforcement actions including penalties.

Upon voluntarily surrendering your license, you must cease all cannabis-related activities.

Consent and surrender

I, , hereby consent and request to voluntarily surrender my cannabis Event organizer business license. By submitting this request, I understand and accept the following:

- This request cannot be canceled once it is received by OCM.
- **I will not receive a refund of my application or license fee** and will have to pay all associated fees for any subsequent license applications I submit to OCM.
- OCM will not retain my license or any supporting documents for any future applications. If I submit another application for a cannabis license in the future, I will have to provide all required information and documents.

Print name: _____ **Signature:** _____ **Date:** _____