

Affidavit of Surrender or Transfer of State Tobacco License

Licensee DBA Name
In the matter of:

Address

City State ZIP Code

Email Address Telephone Number

License Number

Entity purchasing the retail location within 30 days (if known and applicable)

Date entity is taking ownership (if known and applicable)

Are there currently any unresolved administrative actions for this licensee with
the State Licensing Authority and/or Local Licensing Authority?..... Yes No

If yes, please list the allegations

I,

an authorized representative of the above named Licensee, hereby voluntarily ceases to be a State of Colorado tobacco retailer at the above-listed address because of (select the option that applies):

Discontinuation Sale

Licensee hereby requests the Liquor and Tobacco Enforcement Division ("Division") of the Colorado Department of Revenue, on behalf of the State Tobacco Licensing Authority, to immediately cancel, terminate, and void Licensee's Colorado state tobacco license.

Licensee states that this document is submitted voluntarily by the Licensee and that the Licensee is not surrendering the tobacco license and privileges due to any threat, promise, or coercion by the Division or any of its agents or employees.

I affirm under penalty of perjury, I am authorized to surrender this license on behalf of the above mentioned Licensee.

Name

Signature

Title

Date (MM/DD/YY)