



**COLORADO**  
Department of Revenue  
Enforcement Division - Marijuana  
455 Sherman Street, Suite 390  
Denver, CO 80203

**Please read these directions carefully, as they describe how to get the business license fee refund request processed.**

1. **ONLY** the prepaid *Business License Fees* are refundable. No other fees are returned, including fees paid for an Associated Key license application.
2. You may not request a refund until the business applications have been withdrawn or denied.
3. Checks will be made to the *legal name of the business*.
4. If there is no existing banking relationship in the legal name of the business, then the requested fees may be refunded to one of the owners of record, with the following documentation filed with the Division as part of the initial refund request:
  - a. Provide a list of all owners of record involved in the business.
  - b. Decide who the check is to be made out to and that person shall write a letter to the Division stating as such and their signature shall be notarized.
  - c. If there are multiple owners, all owners will have their signatures notarized stating that they are agreeing to the check being made out to that one person in the group.
  - d. Submit those documents, along with the completed Refund Request document, to the Division.
5. Once the request is signed by the Director, please allow 6-8 weeks processing to receive your check. Please make sure you have noted an address change on the form or the check will be mailed to the mailing address on record.

# CLAIM FOR REFUND

(Enforcement Business Group ONLY)

EBG Division Refund:

- Auto Industry

- Liquor

- Marijuana

- Racing

**No CASH REFUNDS.** Refunds will be issued via State warrant.

RAA No.: \_\_\_\_\_

Refund No.: \_\_\_\_\_

- \* Submit separate claim form for each type of fee refund being requested.
- \* Application fees are NOT refundable; Only refundable fees/taxes will be refunded by Division.
- \* Refunds will ONLY be issued in the name of the Applicant/Licensee to which the funds were posted.
- \* Change of address may be incorporated on this form; but, is subject to verification by Division.
- \* Periods can be combined by fee/tax type.
- \* Submit white copy; retain yellow copy for your records.
- \* Errors/Omissions/Verifications may delay timing of refunds.

Warrant No.: \_\_\_\_\_

Date issued: \_\_\_\_\_

**Refund to be made payable to and mailed to ONLY Applicant/Licensee as reflected in Division Records**

Applicant/Licensee Name: \_\_\_\_\_

Mailing Address: [If requesting change of address, please check box ] \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

License/Fee/Tax Type:	License No., if issued	FEIN:	
_____	_____	_____	
Original Amount Paid:	Date Paid:	Period (mo/yr – mo/yr):	Refund Requested (by Period):
_____	_____	_____	_____

Reason for Refund Requested: [Explain below or on separate sheet.][Attach supporting documentation.]

Application Withdrawn: Check box:  [Division will determine applicability of refund and amount]

I declare under penalty of perjury in the second degree that this claim including all attachments is to the best of my knowledge true and correct and that the named Applicant/Licensee is the same as the original payee.

Applicant/Licensee Name: _____	Telephone: _____	Date: _____
Signature of Preparer: _____	Title: _____	Licensing Approvals/Date: _____

**FOR DOR ENFORCEMENT BUSINESS GROUP DIVISION USE ONLY. Do not Write in this Section.**

Entered into spreadsheet _____ Entered into GenTax _____ Approved in GenTax _____ Transfer completed _____	Transfer needed? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Input by: _____ From Liab: _____ to Liab _____ Amount: \$ _____ From Liab: _____ to Liab _____ Amount: \$ _____	Division Approvals/Date: Director: _____ Controller: _____
---	---	--