



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF CANNABIS REGULATION  
**MICROBUSINESS APPLICATION REFUND REQUEST**

Microbusiness Application Refund Request Instructions: Pursuant to 19 CSR 100-1.060(2)(C)2, Microbusiness license applicants that submitted an application and application fee during the application time period but were not selected by lottery may request a refund of their application fee. Requests for an application fee refund must: (1) be made by submission of a complete FORM DHSS-DCR 17 by the applicant's designated contact; and (2) be submitted to the Department no sooner than thirty-one (31) days, but no later than six (6) months, following the notice of non-selection.

The Department may seek additional information to determine an applicant's eligibility for an application refund. Issuance of a refund shall not be construed as a determination by the department that the applicant is qualified for licensure or is entitled to a license in future applications.

**DESIGNATED CONTACT FOR APPLICATION PURPOSES [1]**

LAST NAME		FIRST NAME	TITLE
PHONE	EMAIL		FAX NUMBER
ADDRESS			
CITY		STATE	ZIP CODE

**APPLICANT INFORMATION**

LEGAL NAME [2]	LICENSE/CERTIFICATION TYPE <input type="checkbox"/> Microbusiness Dispensary <input type="checkbox"/> Microbusiness Wholesale
APPLICATION ID	DATE OF DENIAL [3]

**I HEREBY ATTEST UNDER PENALTY OF LAW:**

I AM THE DESIGNATED CONTACT FOR THE APPLICANT NAMED HEREIN.	<input type="checkbox"/> Yes <input type="checkbox"/> No
THE APPLICANT TIMELY SUBMITTED A COMPLETE APPLICATION AND APPLICATION FEE.	<input type="checkbox"/> Yes <input type="checkbox"/> No
THE APPLICANT WAS NOT SELECTED FOR LICENSURE BY THE LOTTERY.	<input type="checkbox"/> Yes <input type="checkbox"/> No
THE APPLICANT MET THE CRITERIA TO APPLY FOR A MICROBUSINESS FACILITY LICENSE PURSUANT TO 19 CSR 100-1 AND ARTICLE XIV OF THE MISSOURI CONSTITUTION.[4]	<input type="checkbox"/> Yes <input type="checkbox"/> No
THE APPLICANT HAS NO PENDING LEGAL ACTIONS RELATED TO THE DENIAL OF THE APPLICATION.	<input type="checkbox"/> Yes <input type="checkbox"/> No
THE APPLICANT WILL NOT INITIATE ANY LEGAL ACTIONS RELATED TO THE DENIAL OF THE APPLICATION. [5]	<input type="checkbox"/> Yes <input type="checkbox"/> No
THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AFFIRMATION**

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

**DEFINITIONS:**

- [1] A "Designated Contact" is the applicant's authorized point of contact for all Department communication regarding the application, including refund of application fees.
- [2] As indicated on the microbusiness application.
- [3] Requests for refunds will not be accepted unless submitted beginning thirty-one (31) days after the date of the denial but no later than six (6) months after the date of the denial, pursuant to 19 CSR 100-1.060(2)(C)2.A.
- [4] Issuance of a refund is not a determination from the department that the applicant is qualified for licensure or is entitled to a license in future applications, pursuant to 19 CSR 100-1.060(2)(C)2.B.
- [5] Applicant knowingly agrees and affirms pending or future legal actions related to the denial of the application are prohibited by submission of Form DHSS-DCR 17 to the Department. Any legal action related to the denial of the application pending or initiated following the date of Affirmation herein shall be dismissed with prejudice.