

**FORM U: REQUEST FOR WITHDRAWAL OF APPLICATION  
(2025 STATE TESTING LABORATORY LICENSE OFFERING)**

\_\_\_\_\_  
Business License Applicant Name

\_\_\_\_\_  
License Type

\_\_\_\_\_  
Application Number

**VERIFICATION**

- The business license applicant identified above filed an original application for medical cannabis business license, on or before the deadline of April 16, 2025.
- Pursuant to Rule 538-x-3-.07, an applicant may withdraw a filed or amended application at any time.
- Pursuant to Rule 538-x-3-.07, an applicant who has withdrawn a filed or amended application may refile (and pay a new application fee) only once, and then only if the window for original application filing remains open.
- The window for original application filing for the application identified above closed on April 16, 2025.
- The business license applicant identified above requests that its application, as identified above, be withdrawn from consideration by the Alabama Medical Cannabis Commission.
- The business license applicant identified above understands that once its Request for Withdrawal of Application is received by AMCC, the application identified above will be withdrawn and, as the window for original application filing closed on April 16, 2025, there is no opportunity for the application to be refiled or reactivated.
- The business license applicant identified above understands that it will not receive a refund of the application fee upon withdrawal of its application.
- The business license applicant identified above understands that withdrawal of its application does not exempt the applicant from the jurisdiction and authority of the Commission to issue sanctions, as appropriate to address any improper conduct by the applicant during the application process. (Rule 538-x-3-.07).

The undersigned (Contact Person and Responsible Person, as designated by the applicant) hereby verifies that the applicant understands and will comply with the requirements hereinabove, and all other requirements of the AMCC rules.

\_\_\_\_\_  
Printed Name of Contact Person

\_\_\_\_\_  
Title of Contact Person

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Verification Date

\_\_\_\_\_  
Printed Name of Responsible Person

\_\_\_\_\_  
Title of Responsible Person

\_\_\_\_\_  
Signature of Responsible Person

\_\_\_\_\_  
Verification Date

***Completed form must be submitted to AMCC at [applications@amcc.alabama.gov](mailto:applications@amcc.alabama.gov).***