PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services http://oregon.gov/psilocybin



APPLICATION WITHDRAWAL REQUEST

pplicant Name:
pplication Number (TLC):
pplication Type:
pplicants may request to withdraw their application at any time while OPS reviewing the submitted application. Please note that application fees are on-refundable. Please also note that if the submitted application is subject denial, OPS may reject the withdrawal request and instead issue a otice of proposed denial of the application.
PS will evaluate the withdrawal request and may request additional formation. OPS may require additional steps to be taken and will ommunicate with the applicant upon receipt of the request. Applicants hould continue to monitor TLC for messages and email throughout the equest process. OPS will notify applicants when the withdrawal request is fficially approved.
or license applications, each individual person and legal entity identified s an applicant must complete a separate withdrawal form to be accepted.
ame of applicant requesting withdrawal:
eason for withdrawal:
rinted Name of Applicant Completing this Form:
ignature:Date: