

State of Rhode Island

Office of Cannabis Regulation

1511 Pontiac Avenue, Bldg. 68-1

Cranston, RI 02920

**Temporary Discontinuance of Business Operations**

Approval from DBR is required prior to any temporary discontinuance of business operations pursuant to 230-RICR-80-05-1.2(J)(1) and 230-RICR-80-05-1.3(I)(1).

Use this form to request a temporary discontinuance of business operations. You must submit the form at least 10 days prior to your proposed date of discontinuance. Please note, any approved temporary discontinuance shall be limited to the time period set forth in the Department’s approval and will not apply retroactively or prospectively to any other time period.

Completed forms may be emailed to [DBR.MMPCompliance@dbr.ri.gov](mailto:DBR.MMPCompliance@dbr.ri.gov) or mailed to the above address.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Licensee Information** | | | | |
| Licensee Name | Click or tap here to enter text. | D/B/A | Click or tap here to enter text. | |
| License # | Click or tap here to enter text. | | | |
| Location Address | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
|  | Street and Suite/Room/Unit # | City | | State, Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Discontinuation Information** | | | | | |
| Proposed Date of Discontinuance | Click or tap here to enter text. | | | Estimated Date of Re-opening | Click or tap here to enter text. |
| Please provide a reasonable basis for the request (attach additional sheets of paper if needed): | | | | | |
| Click or tap here to enter text. | | | | | |
| Do you have unsold inventory on the premises? | | Yes | No | If yes, approximately how much (grams/lbs.):  Click or tap here to enter text. | |

I, the undersigned, declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap to enter a date. | |
| Print Name |  |  | Title | |  | Date | |
|  |  | |  | | |  | |
| Signature (Licensee) |  |  |  |  | | | |