



OFFICE OF  
MEDICAL CANNABIS

**Application to Request  
Administrative Hearing for Cannabis  
Business Applicant or Licensee**

License/Application No. \_\_\_\_\_

License  
Category \_\_\_\_\_

County \_\_\_\_\_

Date \_\_\_\_\_

**Section I. Applicant Information**

License or Application No.: \_\_\_\_\_

License Category: \_\_\_\_\_ Dispensary Region (if applicable): \_\_\_\_\_

Applicant Name (Business Name): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email-Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

**Primary Contact Information**

Legal Name: \_\_\_\_\_ Business Title/Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email-Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**If represented by an attorney, please check this box and provide the following information:**

Legal Name: \_\_\_\_\_ Kentucky Bar Association (KBA) No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email-Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Section II. Appeal Information**

**I am appealing the following administrative action: (check only one)**

Denial of new business license application.

Denial of cannabis business license renewal application.

A penalty and/or sanction upon cannabis business licensee. Please specify which:

Suspension or revocation of cannabis business license.

Imposition of a civil fine.

Issuance of a cease-and-desist order.

Issuance of a written warning.

Imposition of a corrective action plan.

**Section II. *Appeal Information (continued)***

Provide a short, plain, and concise statement of the basis for your appeal, including the facts, cause, and/or reason(s) that relate to your appeal below:

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**Section III. *Signature(s)***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Attorney (if applicable)

\_\_\_\_\_  
Date

**Instructions**

Please attach a copy of any written notice and/or documentation that you have received relating to this appeal.

**Submit this completed form via email in PDF format to:** [kymedcan@ky.gov](mailto:kymedcan@ky.gov).

Use subject line: REQUEST FOR ADMIN. HEARING (OMC)