State of Delaware
Office of the Marijuana Commissioner
1128 South Bradford Street
Dover, Delaware 19904
302-244-3662

REPORTING LICENSEE DEATH FORM

This form must be completed in its entirety and submitted to the Office of the Marijuana Commissioner with all required documentation. If you are requesting a license transfer in conjunction with this notice, you must also complete and submit the separate License Transfer Request Form in addition to this form.

LICENSEE INFORMATION

Entity Name:

Date of Submission:

License Number:

License Status: ☐ **Conditional** ☐ **Active**

Date of Conditional/Active License:
(Most recently renewed date as applicable)

License Type:
☐ Cultivation Facility ☐ Testing Facility ☐ Microbusiness – Cultivation
☐ Retail Marijuana Store ☐ Product Manufacturing Facility ☐ Microbusiness – Manufacturing
☐ **Social Equity Licensee (check if applicable)**

Note: *Pursuant to 4 Del. C. § 1366(c), a social equity license may not be transferred to any person who does not meet the criteria for issuance of a social equity license until at least three (3) years after the licensee is awarded an active social equity license.*

Facility Address:

City: State: DE Zip:

Contact Person for This Submission:

Phone: Email:

Name of Deceased Licensee:

Estate Representative

Executor/Administrator Name:

Email:

Phone Number:

Mailing Address:

In the case of death of a licensee and upon request of an authorized party, the Commissioner may transfer the license to a qualified person recommended by the executor or administrator of the estate of the deceased licensee. **Complete License Transfer (No Compensation) Form or the Change in Ownership (with compensation)**

Additional Required Documentation

- Certified copy of Official Death Certificate
- Testamentary Letters (if a will exists)
- Letters of Administration (if no will)
- Court appointment of personal representative
- Security Plan for Deceased's inventory