

# Letter of Application for License Fee Waiver

Date: \_\_\_\_\_

To,  
The Licensing Authority,  
[Authority's Name]  
[Authority's Address]  
[City, State, Zip Code]

Subject: Application for License Fee Waiver for Health-Related Services

Dear [Authority's Name],

I am writing to formally request a waiver for the license fee associated with health-related services offered by [Your Organization/Business Name]. Our organization is committed to providing essential health services to the community, especially in underserved areas.

In light of the ongoing challenges presented by [specific reasons, e.g., the COVID-19 pandemic], we are facing financial strains that hinder our ability to maintain operations without the support of fee waivers.

We respectfully request that you consider our application for the license fee waiver, allowing us to continue our mission of serving the community effectively.

Thank you for considering our request. We are hopeful for your support and look forward to your favorable response.

Sincerely,  
[Your Name]  
[Your Position]  
[Your Organization/Business Name]  
[Contact Information]