

Cannabis Business Legal Business Name or Business DBA Name Change Form

Instructions:

This form must be submitted within 30 calendar days of any change to the business information of a cannabis business and may only be signed by the permit holder/applicant on file or a legal representative who has written authorization to sign the form from the permit holder/applicant on file. This document is supplemental to the original application or permit on file. The information contained in this document is subject to disclosure under the California Public Records Act.

Legal Business Name: _____

DBA: _____

Business Operating Permit (BOP) Number: _____ **Business Type:** _____

Business Premises Address: _____

Mailing Address: _____

Primary Application Contact:

If this is not the applicant on the permit, please fill out both sections below:

Name: _____ **Title:** _____

Phone Number: _____ **Email:** _____

Permit Applicant:

Name: _____ **Title:** _____

Phone Number: _____ **Email:** _____

SECTION A: Change in Legal Business Name

New Legal Business Name: _____
(Must match Secretary of State Certificate of Good Standing)

Required Documentation Submissions:

- For a corporation:
 - [Certificate of Amendment of Articles of Incorporation](#)
- For an LLC
 - [Amendment to Articles of Organization of a Limited Liability Company](#)

SECTION B: Doing-Business-As (DBA)

New DBA: _____
(Must match Sacramento County Fictitious Business Name Statement)

Required Documentation Submissions:

- Sacramento County Fictitious Business Name Statement
 - Filed with the County and includes an expiration date
 - Submit affidavit of the publication

Certifications:

I certify under penalty of perjury under the laws of the State of California, that I am fully authorized to submit this form on behalf of the cannabis business, that I have personal knowledge of the information contained in this form, and that the information contained herein is true and correct.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

An approved copy of this form must be retained and made available upon the request of City Officials.

FOR STAFF USE ONLY:

Date Received: _____

The changes requested above are hereby approved.

Staff Signature: _____ **Date:** _____