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FOR STAFF USE ONLY:

Received on: _____
The changes requested above are hereby approved.

Office of Cannabis Management Date
**An approved copy of this form must be retained
for Code inspections**

CANNABIS BUSINESS MANAGEMENT COMPANY CHANGE FORM

This form must be submitted within 30 calendar days of any management company change to the 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.

Legal Business Name: _____

DBA: _____

Business Operating Permit (BOP) #: _____ Business Type: _____

Business Location: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Application Contact (If this is not the applicant on the permit, please fill out both sections below):

Name: _____ Title: _____

Phone: _____ Email: _____

Permit Applicant:

Name: _____ Title: _____

Phone: _____ Email: _____

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.

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.

Print Name: _____ **Title:** _____

Signature

Date

MANAGEMENT COMPANY INFORMATION FORM
(to be completed by the Management Company)

Please attach a copy of the new Management Services Agreement.

Name of Management Company: _____

Primary Contact: _____ Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Other cannabis business(es) represented in the City of Sacramento, if any:

1. _____

2. _____

3. _____

4. _____

5. _____

Attach additional sheets if necessary.

I certify under penalty of perjury under the laws of the State of California, that the information contained herein is true and correct.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____