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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 OWNERSHIP and STRUCTURE CHANGE FORM**

**This form must be submitted within 30 calendar days of any ownership 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.***

**OWNERSHIP AND BUSINESS STRUCTURE CHANGES**

**Required Documents**

Please include the requested documents with the submission of this form

1. Proof of filing with Secretary of State (with new ownership listed)
2. Bylaws, Executed Operating Agreement, Partnership Agreement (documenting the change)
3. Corporate Meeting Minutes (documenting the change)
4. Completion of Live Scan for new owners as required by Sacramento City Code Ch. 5.150.070

**Relinquishing Ownership/Office:**

List existing owners or members of the board who are relinquishing their ownership, regardless of the percentage relinquished.

First and Last Name	Current % Ownership	New % Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If an owner is relinquishing the entirety (100%) of their ownership interest to one or more new owner(s)/entity(ies), as defined in section 5.150.020 of the Sacramento City Code, the permit holder/applicant on file must **sign the ownership change certification under penalty of perjury at the bottom of the form** that they are relinquishing the entirety of their ownership of the cannabis business as indicated in this form.

**Continuity is required for all business ownership changes unless a BOP has not been issued.**

Once a BOP has been issued, owners, including individuals and holding companies, holding the entirety (100%) of the ownership interest, may not relinquish the entirety of their ownership.

Continuity Example: If A and B each own 50% of the business that holds the permit, A can transfer her 50% to C and A would sign the BIC form because she is divesting herself of 100% of her ownership. If B then decided to transfer her 50% to C, she could do so and B would then fill out and sign the BIC form, indicating that she was transferring 100% of her ownership to C. C would own 100% of the business holding the permit.

**Assuming Ownership/Office:**

List any new person who has an aggregate ownership interest of 20% or more in the cannabis business. If a holding company has an ownership interest of 20% or more in the business, that holding company and its ownership percentage must be listed as well as the individuals that own the company. The CEO and members of the board of directors of the cannabis business and any holding company must be listed regardless of the percentage of their ownership interests. Please attach additional pages for the CEO and the members of the board of directors if not already listed.

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Holding Company (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Holding Company (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Holding Company (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Include additional pages if necessary to list all new owners.

### 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**

#### **CERTIFICATION FOR 100% OWNERSHIP CHANGE:**

I certify under penalty of perjury under the laws of the State of California that I have personal knowledge of the ownership change information contained in this form, that the entirety of my ownership of the cannabis business is being relinquished to a new person/entity as indicated in this form, and that the ownership information contained herein is true and correct.

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SUPPLEMENTAL OWNERSHIP INTEREST DISCLOSURE FORM (FOR STOREFRONT DISPENSARIES ONLY)

No person who has an ownership interest in a storefront cannabis dispensary shall obtain an ownership interest in any other storefront cannabis dispensary. (SCC Ch. 5.150.355). Storefront dispensaries must disclose **ALL** ownership interests, including the individuals that compose the business structure that has an ownership interest in the business, regardless of percentages.

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

**Attach additional sheets if necessary**