

## CESSATION OF BUSINESS NOTIFICATION FORM

No cannabis business may cease operations for more than 30 consecutive days without first obtaining the city manager's approval. (Sacramento City Code Ch. 5.150.185). Pursuant to 5.150.270, a cannabis business holding a valid cannabis business permit may be subject to suspension, modification or revocation if it ceases operation for 90 consecutive days or longer. If the planned cessation of operations extends beyond 90 days, please contact the Office of Cannabis Management to discuss the situation.

Form must be completed by the owner(s) or an authorized representative of the owner(s) on file.

**Name of Business:** \_\_\_\_\_

**Premises Location:** \_\_\_\_\_

**List all OP #s on the premises that will cease operation:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Est. date to cease operations:** \_\_\_\_\_ **Est. date to resume operations:** \_\_\_\_\_

**Reason(s):**

\_\_\_ State enforcement action (i.e. suspension, revocation)

\_\_\_ Compliance updates

\_\_\_ Operational issues (cashflow, workforce, supply chain, infestation, etc.)

\_\_\_ Construction/expansion. Please enter COM# \_\_\_\_\_

\_\_\_ Business restructuring/change in interested parties. **Please submit copy of BIC.**

**All cannabis products on site will be:**

\_\_\_ Sold to a licensed cannabis business prior to cessation of operations

\_\_\_ Destroyed/disposed of

\_\_\_ Temporarily stored at \_\_\_\_\_

**Please submit a copy of entry in Metrc documenting the action selected above.**

**Business Operations Tax:**

\_\_\_ I certify and acknowledge that any unpaid cannabis Business Operations Taxes are grounds for suspension or revocation pursuant to 5.150.240 unless fully paid or a payment plan is accepted by the City of Sacramento's Revenue Division.

**Authorizations:**

\_\_\_ I authorize City officials to inspect the validity of information provided above through a physical inspection and by accessing the business' information on Metrc.

\_\_\_ I authorize the following to communicate with City officials on my behalf during this period of non-operation. (optional)

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ I certify that the information provided above is true and correct.

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

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

**FOR OCM STAFF USE ONLY:**

Received on: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
Office of Cannabis Management

\_\_\_\_\_  
Date