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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 INFORMATION CHANGE FORM**

**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.**

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Operating Permit (BOP) #: \_\_\_\_\_ Business Type: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact Manager:**

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

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

**PLEASE CHECK ALL THAT APPLY AND REFER TO THE REQUIRED SUBMISSIONS ON PAGE #4**

- Change in Legal Business Name**  
 (Complete Section A and submit requirements # 1, 2 and 4)
- Change in Doing-Business-As (dba)**  
 (Complete Section B and submit requirement #6)
- Change in Business Structure and Ownership (including ownership percentages)** (Complete Section C and submit requirements # 1, 2, 5 and 9); storefront dispensaries must also submit #10)
- Changes in Managers and/or Management Companies**  
 (Complete Section D and submit requirements # 3 and 7)
- Changes in List of Drivers**  
 (Complete Section E and submit requirements # 8 and 9)

***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.***

**SECTION A: CHANGE IN LEGAL BUSINESS NAME**

New Legal Name: \_\_\_\_\_  
(Must match Secretary of State Certificate of Good Standing)

**SECTION B: DOING-BUSINESS-AS (dba)**

New dba: \_\_\_\_\_  
(Must match Sacramento County Fictitious Business Name Statement)

**SECTION C: OWNERSHIP AND BUSINESS STRUCTURE CHANGES**

**C1: Relinquishing Ownership/Office:**

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

<b>First and Last Name and</b>	<b>% of Ownership Relinquished</b>
_____	_____
_____	_____
_____	_____
_____	_____

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

*Note: If no BOP has been issued to the business, signing of the ownership change certification would deem the original application abandoned. The new owner(s)/entity(ies) assuming ownership of the business must submit a new application. Permit fees apply.*

**C2: 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: \_\_\_\_\_ %  
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: \_\_\_\_\_

**SECTION D: CHANGES IN MANAGERS AND MANAGEMENT COMPANIES**

**D1: Changes in Managers**

- **Remove the Following Managers:**

_____	_____
_____	_____
_____	_____

- **Add the Following Managers:**

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

Title/Type of Manager: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

Title/Type of Manager: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

Title/Type of Manager: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

**D2: Changes in Management Company**

1. Are you newly represented by a management company? Yes \_\_\_\_ No \_\_\_\_
2. Are you updating information about your management company? Yes \_\_\_\_ No \_\_\_\_

**Submit completed Management Company Information Form on page 6.**

**SECTION E: CHANGES IN LIST OF DRIVERS:**

- **Remove the Following Drivers:**

_____	_____
_____	_____
_____	_____

**Add new drivers by completing the vehicle/drivers' checklist form on page 7.**

**REQUIRED SUBMISSIONS**

- |  |  |
|--|--|
| 1. Proof of filing with Secretary of State                                   | 6. Sacramento County Fictitious Business Name Statement                      |
| 2. Bylaws, Executed Operating, Partnership Agreement                         | 7. Management Company Information Form                                       |
| 3. Executed Management Agreement (when adding/changing management companies) | 8. Vehicles/Drivers Checklist Form   |
| 4. Articles of Amendment   | 9. Completion of Live Scan as required by Sacramento City Code Ch. 5.150.070 |
| 5. Corporate Meeting Minutes   | 10. Supplemental Ownership Interest Disclosure Form                          |

**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**

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

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:** \_\_\_\_\_

## DELIVERY VEHICLES AND DRIVERS CHECKLIST

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

Page \_\_\_\_ of \_\_\_\_

Business Operating Permit (BOP) #: \_\_\_\_\_

\_\_\_\_\_ Storefront Dispensary with Permitted Delivery

\_\_\_\_\_ Delivery-only Dispensary

Driver's Name	Valid Driver License	Live Scan	Reg. Verified	Ins. Verified	Vehicle Year	Make/Model	After hours vehicle storage
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____
							Onsite ____ Offsite ____

*Attach additional sheets if necessary.*

I certify that I have verified the information provided above.

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

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