Cannabis Business Permit Name, Ownership and Management Change Form

An Ownership and Management Change Form is required when:
- There is a change in the Business Entity name
- There is a change in the Doing Business As (dba) name
- There is a change in the ownership structure, including ownership percentages.
- There is a change in management

Cannabis Business Information

Cannabis Business Information:
Cannabis Business Owner Name: _____________________________ Cannabis dba name _______________________
Business Address: __________________________________________________________________________________________
City: _____________________________________ State: _____________ Zip Code: __________

Emergency Contact Manager:
Name: ___________________________________________________ Title: ____________________________________________
Phone: ___________________________________________________ Email: ___________________________________________

Section 1 – Proposed Entity Information:
Is there a change in the name of the Business Entity?     YES ______ NO ______
(If no, skip section 1)
Proposed Name: ____________________________________________________________________________________
(Must match Secretary of State Certificate of Good Standing)

Section 2 – Proposed dba:
Is there a change in the Business dba name?     YES _____ NO _____
(If no, skip section 2)
Proposed dba name: ______________________________________________________________
(Must match Sacramento County Fictitious Business Name Statement)

Section 3- Ownership Structure:
Is there a change in the ownership or members of the board of the cannabis business? YES ___ NO____
(If no, skip section 3)

Version: 04/09/2018
Please note that per City Code section 5.150.070 all interested parties must submit to fingerprinting and a criminal background check by the city.

List existing owners or members of the board who are relinquishing their ownership (First and Last Name):
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Business Structure:
You must list any 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. 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 _______________________
Primary Phone No: ___________________________ Alt. Phone No ____________________________
Email Address: ________________________________________________________________

Name: _______________________________________________ Ownership: ________%
Title: _______________________________________________ DOB: _________________________
Mailing Address: ___________________________________ City/State/Zip _______________________
Primary Phone No: ___________________________ Alt. Phone No ____________________________
Email Address: ________________________________________________________________

Name: _______________________________________________ Ownership: ________%
Title: _______________________________________________ DOB: _________________________
Mailing Address: ___________________________________ City/State/Zip _______________________
Primary Phone No: ___________________________ Alt. Phone No ____________________________
Email Address: ________________________________________________________________
Section 4 – Updating Managers:

Is there a change in managers? YES _____  NO _____

*Please note that per City Code section 5.150.070 all interested parties must submit to fingerprinting and a criminal background check by the city.*

**Remove the Following Managers:** (First and Last Names):

______________________________________________________________

______________________________________________________________

______________________________________________________________

**Add the Following Managers:**

Name: __________________________________________________________________________________________________

Title:  __________________________________________________________________  DOB: __________________________

Mailing Address:  _______________________________________ City/State/Zip ________________________________

Primary Phone No:  ______________________________________  Alt. Phone No_______________________________

Email address:   _______________________________________________  Fingerprinted:  Yes _____  No _____

Name: __________________________________________________________________________________________________

Title:  __________________________________________________________________  DOB: __________________________

Mailing Address:  _______________________________________ City/State/Zip ________________________________

Primary Phone No:  ______________________________________  Alt. Phone No_______________________________

Email address:   _______________________________________________  Fingerprinted:  Yes _____  No _____

Name: __________________________________________________________________________________________________

Title:  __________________________________________________________________  DOB: __________________________

Mailing Address:  _______________________________________ City/State/Zip ________________________________

Primary Phone No:  ______________________________________  Alt. Phone No_______________________________

Email address:   _______________________________________________  Fingerprinted:  Yes _____  No _____
Email address: _____________________________ Fingerprinted: Yes _____  No _____

Name: __________________________________________________________________________________________________

Title: ___________________________________________________________________________________________________ DOB: _______________________

Mailing Address: ______________________________________ City/State/Zip ________________________________

Primary Phone No: ___________________________ Alt. Phone No_______________________________

Email address: _____________________________ Fingerprinted: Yes _____  No _____

### Required Submissions

- [ ] Proof of filing with Secretary of State.
- [ ] Bylaws, Operating, Partnership Agreement
- [ ] Sacramento County Fictitious Business Name Statement
- [ ] Articles of Amendment
- [ ] Corporate Meeting Minutes

### Certification

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: ________________________________

This document is supplemental to the original application or permit information on file. The information contained in this document is subject to disclosure under the Public Records Act.