City of SACRAMENTO
Office of Cannabis Management

Business Closure Form

Instructions:

If you are ***permanently*** closing your cannabis business and wish to surrender your permit**,** please fully complete all applicable sections and submit to cannabis@cityofsacramento.org. This form must be signed and submitted by an ***owner*** listed on the permit.

This process is for **business closures only**. Submitting this form notifies the Office of Cannabis Management that your business is no longer in operation and that your permit should be formally withdrawn.

Legal Business Name: _____

Business Premises Address: _____

List all Operating Permit numbers on the premises that are closing:

1. _____ 2. _____ 3. _____ 4. _____

Reason(s):
(*check all that apply*)

☐ **Compliance issues** (i.e., State enforcement action, fire corrections, etc.)

☐ **Operational issues** (i.e., cashflow, workforce, supply chain, etc.)

☐ **Business structure issues** (i.e. ownership, etc.)

☐ **Other:** _____

☐ **Decline to state**

All cannabis and cannabis products on-site:
(*check all that apply*)

☐ Sold to a licensed cannabis business prior to cessation of operations.

☐ Destroyed/disposed of on (**date**): _____

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Authorization:
(***initial the section below***)

____ I authorize City officials to inspect the validity of information provided above through a physical inspection and by accessing the business' information on California Cannabis Track and Trace system accounts.

Certification:
(***initial the section below***)

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

Name: _____ **Title**: _____

Signature: _____ **Date**: _____

FOR STAFF USE ONLY:

Staff Signature: _____ **Date**: _____