City of SACRAMENTO
Office of Cannabis Management

Cannabis Legal Business Name

Instructions:
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 and submitted by an ***owner*** listed on the application and/or permit. 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. Please fully complete all applicable sections, provide the required supporting documentation, and submit to cannabis@cityofsacramento.org.

Legal Business Name:_____

DBA:_____

Business Operating Permit (BOP) Number:_____ **Business Type**:_____

Business Premises Address:_____

Mailing Address:_____

Primary Application Contact:
If this is not the applicant on the permit, please fill out both sections below:

Name:_____ **Title**:_____

Phone Number:_____ **Email**:_____

Permit Applicant:

Name:_____ **Title**:_____

Phone Number:_____ **Email**:_____

New Legal Business Name:_____
(*Must match Secretary of State Certificate of Good Standing)*

Business Entity Number: _____
Note: *OCM will only process a new legal business name change if the business entity number listed on the Secretary of State Statement of Information remains the same between the old and the new business entity names.*

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Required Documentation Submissions:

- For a corporation:
  - Certificate of Amendment of Articles of Incorporation
  - Statement of Information

- For an LLC
  - Amendment to Articles of Organization of a Limited Liability Company
  - State of Information

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.

Name:_____ **Title**:_____

Signature:_____ **Date**:_____

An approved copy of this form must be retained and made available upon the request of City Officials.

FOR STAFF USE ONLY:

Date Received:_____

The changes requested above are hereby approved.

Staff Signature:_____ **Date**:_____