

**Cannabis Business Management Company Change Form**

**Instructions:**

This form must be submitted within 30 calendar days of any management company changes to 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. If the management company is acquiring an ownership interest in the business, please use the Ownership Change form. 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.

\_\_\_\_ **Adding Management Company**

\_\_\_\_ **Removing Management Company**

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

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

**Business Operating Permit (BOP) Number:** \_\_\_\_\_ **Business Type:** \_\_\_\_\_

**Business Premises Address:** \_\_\_\_\_

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

**Name of Management company being added or removed:** \_\_\_\_\_

**Permit Applicant:**

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Management Company Information Form  
(to be completed by the Management Company)**

**Instructions:**

Please attach a copy of the NEW Management Services Agreement (if applicable).

**Management Company Name:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Other cannabis business(es) represented in the City of Sacramento, if any:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Please include additional pages if necessary.*

**Certifications:**

I certify under penalty of perjury under the laws of the State of California, 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:** \_\_\_\_\_