

Cessation of Business Notification Form

Instructions:

No cannabis business may cease operations for more than 30 consecutive days without first obtaining the city manager’s approval (Sacramento City Code Chapter 5.150.185). Pursuant to 5.150.270, a cannabis business holding a valid cannabis business permit may be subject to suspension, modification, or revocation if it ceases operation for 90 consecutive days or longer. If the planned cessation of operations extends beyond 90 days, please contact the Office of Cannabis Management to discuss the situation. **This form must be completed by the owner(s) or an authorized representative of the owner(s) on file.**

Legal Business Name: _____

Business Premises Address: _____

List all Operating Permit numbers on the premises that will cease operation:

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

Estimated Date to Cease Operations: _____

Estimated Date to Resume Operations: _____

Reason(s):

(check all that apply)

____ **State enforcement action** (i.e., suspension, revocation)

____ **Compliance updates** (i.e., temporary certificate of occupancy, fire corrections, etc.)

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

____ **Construction/expansion.** Please enter COM# _____

____ **Business restricting/change in interested parties.** *Please submit a copy of the BIC form.*

All cannabis and cannabis products on-site will be:

(check all that apply)

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

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

____ Temporarily stored at: _____

Please submit a copy of entry into the California Cannabis Track and Trace system documenting the action selected above.

Business Operations Tax:

(initial the section below)

_____ I certify and acknowledge that any unpaid cannabis Business Operations Taxes are grounds for suspension or revocation pursuant to 5.150.240 unless fully paid or a payment plan is accepted by the City of Sacramento's Revenue Division.

Authorizations:

(initial each section)

_____ 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.

_____ I authorize the following to communicate with City officials on my behalf during this period of nonoperation. (optional)

Name: _____ **Title:** _____

Phone Number: _____ **Email:** _____

Certifications:

(initial the section below)

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

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

FOR STAFF USE ONLY:

Date Received: _____

Staff Signature: _____ **Date:** _____