



LIC-4002-MOD

License or Application No.: _____

Instructions: The purpose of this form is to make modifications to the Business Premises location on a previously submitted Application. Please provide the information requested below including all suite or unit numbers. This form should be submitted to request a relocation prior to the execution of a new lease. After DCR approves the requested relocation, the Applicant will have 60 days, unless more time is authorized by DCR, to finalize and submit documents. **Please note: The Applicant will not be able to conduct Commercial Cannabis Activity at the new location until the new Business Premises passes an Initial Inspection.**

A majority owner or a sufficient number of Owners to constitute a majority ownership of the business is necessary to request an Application or License modification, and those Owners must submit notarized signatures

Existing Business Premises Location: _____

Proposed Business Premises Location: _____

Is the Primary Mailing Address for this Legal Business Entity changing? No Yes

If "Yes" provide the new Primary Mailing Address: _____

By signing below I declare under penalty of perjury that I am the majority owner or I am otherwise authorized to make these changes on behalf of the business identified above. I also declare under penalty of perjury that each Applicant, Owner, and/or other financial interest holder associated with this business consents to the modification requested herein.

Additionally, I declare under penalty of perjury that the statements contained in this form and any attachments or supporting documents are complete and true to the best of my knowledge. I understand that submission of false or misleading information, or the failure to disclose a material fact, may result in denial of this application, administrative action or penalties, and/or revocation of authorization to conduct commercial cannabis activities.

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

For DCR Use Only

Zoning Compliance? Yes No Sensitive Use Distance Compliance? Yes No

Community Plan Area Before Relocation: _____

Community Plan Area After Relocation: _____

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On _____ before me, _____ (insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On _____ before me, _____ (insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)