



**COUNTY OF MONTEREY CANNABIS PROGRAM**  
**COUNTY ADMINISTRATIVE OFFICE**  
 168 West Alisal Street, 3<sup>rd</sup> Floor, Salinas, CA 93901  
 PHONE: 831-755-5457



**COMMERCIAL CANNABIS BUSINESS PERMIT CHANGE IN BUSINESS OWNERSHIP FORM**

Email a copy of this form and supporting documents to the Cannabis Program at:  
[acevesn@countyofmonterey.gov](mailto:acevesn@countyofmonterey.gov) & [housem@countyofmonterey.gov](mailto:housem@countyofmonterey.gov)

**Note: More than one type may be selected.**

<input type="checkbox"/> <b>Change in Legal entity name or Doing Business As (DBA)</b>			
	Old:	New:	
	Old:	New:	
<input type="checkbox"/> <b>Change in Contact Information</b>			
	Old:	New:	
	Old:	New:	
<b>Change in Business owners or officers*</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
1	Full Name:		Date of Birth:
	Title:	Telephone:	Email:
	Present Address:		
2	Full Name:		Date of Birth:
	Title:	Telephone:	Email:
	Present Address:		
<input type="checkbox"/> <b>Change in Agent for Service of Process (attach documentation)</b>			
	Full Name:		Telephone:
	Email:	Business Address:	
<b>Change in Department of Cannabis Control (DCC) Designated Responsible Person (DRP):</b>			
	Full Name:		Telephone:
	Email:	Business Address:	

**\*Change in ownership will require an updated Statement of Information from the California Secretary of State**

The following changes require the corresponding documentation be attached to this form:

<input type="checkbox"/>	<b>Change from Nonprofit Mutual Benefit Corporation to a Stock Corporation</b>
	<ul style="list-style-type: none"><li>➤ Secretary of State Form RST-MU-GS</li><li>➤ Secretary of State Form SI-55</li></ul>
<input type="checkbox"/>	<b>Change from Nonprofit Mutual Benefit Corporation to a Limited Liability Company</b>
	<ul style="list-style-type: none"><li>➤ Secretary of State Form RST-MU-GS</li><li>➤ Secretary of State Form LLC-1A</li><li>➤ Secretary of State Form LLC-12</li></ul>
<input type="checkbox"/>	<b>Name Change Only – Stock – No Change to Corporate Structure</b>
	<ul style="list-style-type: none"><li>➤ Secretary of State Form AMDT-STK-NA</li></ul>
<input type="checkbox"/>	<b>Name Change Only – Non-Profit – No Change to Corporate Structure</b>
	<ul style="list-style-type: none"><li>➤ Secretary of State Form AMDT-NP-NA</li></ul>

I declare under penalty of perjury of the laws of the State of California that the information provided herein is true and correct.

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Signature of Applicant

Print Name and Title

Date