



**CITY OF
LA MESA**
JEWEL of the HILLS

Ownership Change for Cannabis Facility

COMMUNITY DEVELOPMENT DEPARTMENT / PLANNING DIVISION
8130 Allison Avenue, La Mesa, CA 91942
Phone: 619.667.1177 • Fax: 619.667.1380

A written request identifying the nature of the ownership change must be attached to this form. Please note that the City will determine if additional information is needed. All fees apply. For changes other than change of ownership, completion of an Information Change Form is required. *Change of Ownership and Change of Information Forms submitted at the same time may be assessed a single fee with Director approval.*

Current Legal Cannabis Business Name _____

DBA (if applicable): _____

Approved Conditional Use Permit (CUP) Number & CUP Expiration Date: _____

State License #(if applicable): _____

Location of Cannabis Business Premises: _____

Phone Number: _____ Email (if applicable): _____

OWNER INFORMATION (Attach additional sheet(s) for each applicable section, if necessary)

Previous Owner Information

Full Name: _____ Home Phone: _____

Home Address: _____ Mobile Phone: _____

City/State/Zip: _____ Email: _____

Gov't. Issued ID Type: _____ Number: _____ DOB: _____ Live Scan ATI# _____

Current Ownership: _____ % Remaining as Owner? _____ Yes _____ No If yes, percentage: _____

New Owner (Individual) Information

Full Name: _____ Home Phone: _____

Home Address: _____ Mobile Phone: _____

City/State/Zip: _____ Email: _____

Gov't. Issued ID Type: _____ Number: _____ DOB: _____ Live Scan ATI# _____

Current Ownership: _____ % Remaining as Owner? _____ Yes _____ No If yes, percentage: _____

Individual New Owner of Business Entity – Ownership of 5% or more

Full Name: _____ Home Phone: _____

Home Address: _____ Mobile Phone: _____

City/State/Zip: _____ Email: _____

Gov't. Issued ID Type: _____ Number: _____ DOB: _____ Live Scan ATI# _____

Current Ownership: _____ % Remaining as Owner? _____ Yes _____ No If yes, percentage: _____

Individual Owner of Business Entity – Ownership of 5% or more

Full Name: _____ Home Phone: _____

Home Address: _____ Mobile Phone: _____

City/State/Zip: _____ Email: _____

Gov't. Issued ID Type: _____ Number: _____ DOB: _____ Live Scan ATI# _____

Current Ownership: _____ % Remaining as Owner? _____ Yes _____ No If yes, percentage: _____

Please provide additional owner information on a separate piece of paper and attach to this form.

New Business Entity

Name of Business Entity: _____

Required Documents: Articles of Incorporation/Organization or Amended Articles

Statement of Information

Please attach requested documents to this form.

ATTEST: Under penalty of perjury, I declare that I have personal knowledge of the information stated in this request and that the information contained herein is true, correct and complete. By submitting this request, I certify that I have read and understand the requirements of the application process and that I may be disqualified for failure to meet the requirements of State Law or City Ordinance, or for incomplete, late or inaccurate submittals, and that all fees paid in connection with this application are non-refundable.

Property Owner: _____

Name (Please print)

Title: _____

Date: _____

Signature

New Owner/Business Entity: _____

Name (Please print)

Title: _____

Date: _____

Signature

If necessary, provide additional owners information/signatures on a separate piece of paper and attach to this form.