

Contact Authorization Form

Instructions:

This form must be submitted by an **owner** listed on the application and/or permit when adding an individual to an application and/or permit for the Office of Cannabis Management to communicate business operating permit information to that individual. Both this form and a copy of an **owner's** valid photo identification (e.g. driver's license or State issued identification) must be submitted to cannabis@cityofsacramento.org. Please fully complete all applicable sections.

Legal Business Name: _____

DBA: _____

Business Operating Permit (BOP) Number: _____

Business Premises Address: _____

Mailing Address: _____

Adding Contact: _____ Removing Contact: _____

First and Last Name	Title	Email Address	Phone Number

Please include additional pages as necessary.

Owner Certification:

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:** _____

FOR STAFF USE ONLY:

Date Received: _____

The changes requested above are hereby approved.

Staff Signature: _____ **Date:** _____