



City of Palm Springs
Department of Special Program Compliance
 425 N. Civic Drive
 Palm Springs, California 92262
 Phone: (760) 322-8382

LOCAL CANNABIS PERMIT AMENDMENT

Use this form to request an amendment to a previously submitted application to the Department of Special Program Compliance (“DSPC”) for a City of Palm Springs Cannabis Related Business and Activities Permit. This form must be submitted in person and you will be asked to show identification before staff accepts this form. DSPC must review and approve any amendments before the changes become effective and may request supporting documentation to complete this request.

This cover page must be submitted along with one or more of the forms below.

Please check the box or boxes for the requested amendment(s).

Only attach the applicable specific Amendment Form to this Cover Page:

- Legal Entity Name/ or Fictitious Name
- Ownership Structure (do not use to remove Majority Owner)
- Remove Owner (s)
- Update Contact(s)
 Address Telephone Email
- Remove/Add Activities
- Transfer (more than 10% ownership interest in business)

Local Permit No. : _____

State License No.: _____

Application Fee: Payment is due at the time of submission. Payment may be made by credit card, cash, certified check, cashier’s check or money order for the application fee made payable to the City of Palm Springs. Fees are non-refundable.

- Legal Entity Name/ or Fictitious Name/Update Contact \$ 100
- Remove/Add Activities/ Remove Owner/Ownership Structure \$ 500
- Transfer \$ 8,687
- Background fee for each owner with a twenty percent (20%) or more financial interest \$279 (per person)
- Departmental Review(s) (Planning, Building) (If required) At Cost
- Site Inspection(s) (Building, Fire, Police Departments) (If required) At Cost

A NEW BUSINESS LICENSE WILL BE REQUIRED FOR ALL TRANSFERS AND FICTITIOUS BUSINESS NAME CHANGES. THE APPLICATION SHOULD BE FILED WITHIN 5 BUSINESS DAYS OF THE APPROVAL OF PROPOSED CHANGES.

PALM SPRINGS MUNICIPAL CODE 5.55.115 REQUIRES ALL BUSINESSES WITH FIVE (5) OR MORE EMPLOYEES ENTER A LABOR PEACE AGREEMENT. AN UPDATED AGREEMENT IS REQUIRED FOR ALL TRANSFERS.

CURRENT BUSINESS INFORMATION (PRIOR TO AMENDMENT)

Legal Business Name: _____
(Legal Name of the Business)

Business Premises Address: _____

Business Activities: Retail Cultivation Type: _____
 Distribution Type: _____ Manufacturing Type: _____ Testing

Amendment(s) Requested By (Print Name):

Owner Agent of Service Agency of Service

Contact Phone Number: _____ Email: _____

I hereby certify that the above statements are true.

Signature: _____ Date: _____

Submission of false or misleading information may result in the denial of your application. Further, this type of conduct may be considered as a basis for administrative action against the applicant(s) and it may be the basis for criminal charges against the applicant (s) (PSMC 5.55.080 J). If a fee is required, these changes will not be processed until said fee is paid.

DPSC STAFF ONLY		
Received By:	Date:	TOTAL: \$ _____ <input type="checkbox"/> Remove Owner <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Structure <input type="checkbox"/> Activities <input type="checkbox"/> Contact Information <input type="checkbox"/> Transfer
Completed By:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> On Hold Comment: _____ _____ _____

**REQUEST TO CHANGE LEGAL ENTITY NAME, CONVERT BUSINESS ENTITY OR
CHANGE FICTITIOUS BUSINESS NAME**

(Attach this form to the Application Amendment Cover Page)

Legal Business Entity Name: _____
(Enter the exact name of the entity as it is recorded with the California Secretary of State)

A. REQUEST TO CHANGE LEGAL BUSINESS ENTITY NAME.

New Legal Business Entity Name: _____

B. REQUEST TO CHANGE ORGANIZATION TYPE.

From (Converting Entity): California LLC LP GP Corp

To (Converted Entity): California LLC LP GP Corp

New Legal Business Entity Name: _____

Secretary of State Entity Number: _____

C. REQUEST TO CHANGE DBA:

Current DBA Name: _____

New DBA Name: _____

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 amendments requested herein.

Additionally, 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 may result in denial of my application, administrative action or penalties, and/or revocation of authorization to conduct commercial cannabis activities.

_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>

All Signatures Must Be Notarized if the Signor is Not Present at Time of Submission

REQUEST TO REMOVE OWNER(S)

(Attach this form to the Application Amendment Cover Page)

Owners whose ownership is entirely removed are required to personally appear at the DSPC and present a government-issued ID.

- 1. Name: _____ Owner
 Mailing Address: _____
 Phone: _____ Email: _____
 Ownership _____ %
- 2. Name: _____ Owner
 Mailing Address: _____
 Phone: _____ Email: _____
 Ownership _____ %
- 3. Name: _____ Owner
 Mailing Address: _____
 Phone: _____ Email: _____
 Ownership _____ %
- 4. Name: _____ Owner
 Mailing Address: _____
 Phone: _____ Email: _____
 Ownership _____ %

I hereby certify that the above statements are true and agree to the requested modification.

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

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**REQUEST TO CHANGE OWNERSHIP STRUCTURE –
DO NOT USE TO REMOVE MAJORITY OWNER**

(Attach this form to the Application Amendment Cover Page)

A. REQUEST TO ADD OWNERS TO THE APPLICATION/LICENSE:

Please provide the user name or Contact Reference for each of the owners added to the application/record.

- 1. Name: _____ Owner
 Mailing Address: _____
 Phone: _____ Email: _____
 Ownership _____ %
- 2. Name: _____ Owner
 Mailing Address: _____
 Phone: _____ Email: _____
 Ownership _____ %
- 3. Name: _____ Owner
 Mailing Address: _____
 Phone: _____ Email: _____
 Ownership _____ %
- 4. Name: _____ Owner
 Mailing Address: _____
 Phone: _____ Email: _____
 Ownership _____ %

B. REQUEST TO MODIFY EXISTING OWNERSHIP

(If there is no change to contact information, write "No Change"):

- 1. Name: _____ From _____ % To _____ %
 Mailing Address: _____
 Phone: _____ Email: _____
- 2. Name: _____ From _____ % To _____ %
 Mailing Address: _____
 Phone: _____ Email: _____
- 3. Name: _____ From _____ % To _____ %
 Mailing Address: _____
 Phone: _____ Email: _____
- 4. Name: _____ From _____ % To _____ %
 Mailing Address: _____
 Phone: _____ Email: _____

Owners whose ownership percentage is changed are required to present a government-issued ID and sign this form in the presence of DSPC staff. It is not required that all owners are present at once. DSPC staff will hold the Amendment Form until all individuals who are required to sign this form have come into the Department.

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 amendments 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 may result in denial of my application, administrative action or penalties, and/or revocation of authorization to conduct commercial cannabis activities.

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

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REQUEST TO UPDATE CONTACT INFORMATION
(Attach this form to the Application Amendment Cover Page)

A. REQUEST TO ADD AN AGENT OR AGENCY OF SERVICE TO THE APPLICATION RECORD.

1. Name: _____

Mailing Address: _____

Phone: _____ Email: _____

2. Name: _____

Mailing Address: _____

Phone: _____ Email: _____

B. REQUEST TO REMOVE INDIVIDUALS OR AGENCIES FROM THE APPLICATION RECORD.

(To request removal of owners from the application record, please use the "Request to Change to Remove Owner(s)" form)

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

C. REQUEST TO ADD/ MODIFY CONTACTS IN THE APPLICATION RECORD.

1. Name: _____

Mailing Address: _____

Phone: _____ Email: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> New Primary Contact | <input type="checkbox"/> Change of Legal Name | <input type="checkbox"/> Update Contact Details Only |
| <input type="checkbox"/> Address | <input type="checkbox"/> Telephone | <input type="checkbox"/> Email |

2. Name: _____

Mailing Address: _____

Phone: _____ Email: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> New Primary Contact | <input type="checkbox"/> Change of Legal Name | <input type="checkbox"/> Update Contact Details Only |
| <input type="checkbox"/> Address | <input type="checkbox"/> Telephone | <input type="checkbox"/> Email |

3. Name: _____

Mailing Address: _____

Phone: _____ Email: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> New Primary Contact | <input type="checkbox"/> Change of Legal Name | <input type="checkbox"/> Update Contact Details Only |
| <input type="checkbox"/> Address | <input type="checkbox"/> Telephone | <input type="checkbox"/> Email |

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_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>

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REQUEST TO REMOVE/ADD ACTIVITIES FORM
(Attach this form to the Application Amendment Cover Page)

A. REQUEST TO REMOVE THE FOLLOWING COMMERCIAL CANNABIS BUSINESS ACTIVITIES FROM THE APPLICATION:

- | | | | |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Retail Delivery | <input type="checkbox"/> Manufacturing
Specify Type: _____ | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Cultivation
Specify Type: _____ | <input type="checkbox"/> Transportation/Distribution
Specify Type: _____ | | |

B. REQUEST TO ADD THE FOLLOWING COMMERCIAL CANNABIS BUSINESS ACTIVITIES FROM THE APPLICATION:

- | | | | |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Retail Delivery | <input type="checkbox"/> Manufacturing
Specify Type: _____ | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Cultivation
Specify Type: _____ | <input type="checkbox"/> Transportation/Distribution
Specify Type: _____ | | |

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_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>

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_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

REQUEST TO TRANSFER PERMIT

(Attach this form to the Application Amendment Cover Page)

Instructions

1. Indicate the record number, application or permit case type(s), and all assessor parcel numbers associated with the application or permit being transferred.
2. Identify the current holder of the application or permit.
3. List the names of all current property owners including: individuals or non-natural persons including but not limited to corporations, companies, trusts, or other entities.
4. Identify the intended recipient of the application or permit.
5. If applicable, identify the agent for the recipient of the application or permit. If no agent, mark "No Agent".
6. All parties indicated in 2, 3, and 4, sign page 2 with notary or in person to department staff with valid government issued photo ID.

Requirements

- An Indemnification Agreement Form, each signed and executed by the recipient of the application or permit, is required when filing this request.
- If a recent change in property ownership has occurred, submit a copy of the recorded Deed.
- For all corporations, companies, trusts, or sole proprietorships "doing business as", provide documentation identifying signatories. Documentation can include but is not limited to: Articles of Organization, Articles of Incorporation, Statements of Information, Certificates of Trust, Corporate Resolutions, and/or Fictitious Business Name Statements.

Application / Permit Information

Local Permit Number:	Assessor Parcel Number(s)
Permit Case Type(s)	

Current Applicant / Permit Holder

Recipient of Application / Permit

Name	Name
Contact (If Business)	Contact (If Business)
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email

Current Owner(s) of Record

Agent

No Agent

Name	Name
Name	Contact (If Business)
Name	Address
Name	City, State, Zip
Name	Phone
Name	Email

By signing this transfer request, the **current applicant/permit holder** agrees to terminate any and all rights, results, authorities, entitlements, and deposits, associated with this application or permit.

By signing this transfer request, the **recipient of the application/permit** agrees to assume and accept all rights, results, authorities, entitlements, commitments, conditions, and costs associated with this application or permit.

By signing this transfer request, the **current owner(s) of record** consents to the cultivation of cannabis on all parcels designated in (1) by the below signed recipient(s) of the application or permit in accordance with all applicable sections of county and state law.

- If corporate parties are involved please submit two signatures from the following:
- One signature from the Chairman of the Board, the President or any Vice President **AND**
- One from the Secretary, any Assistant Secretary, the Chief Financial Officer or any Assistant Treasurer.

Current Applicant / Permit Holder:

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

Recipient of Application / Permit:

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

Current Owner(s) of Record (If Different From Above):

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

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CERTIFICATE OF
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.

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE }

On this _____ day of _____, 20____, before me, _____ Notary
Public, 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 is true and correct. Witness
my hand and official seal.

Signature (seal)

CERTIFICATE OF
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.

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE }

On this _____ day of _____, 20____, before me, _____ Notary
Public, 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 is true and correct. Witness
my hand and official seal.

Signature (seal)

**INDEMNIFICATION, ACKNOWLEDGMENT
RE PUBLIC RECORDS & COPYRIGHT MATERIALS RELEASE
INDEMNIFICATION**

As part of this application, the applicant agrees to defend, indemnify, and hold harmless the City of Palm Springs, its agents, officers, councilmembers, employees, boards, commissions and Council ("City") from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void, or annul any approval of the application or related decision, or the adoption of any environmental documents or negative declaration which relates to the issuance of any permit pursuant to this application, and/or any City approval. This indemnification shall include, but is not limited to, all damages, costs, expenses, attorneys' fees or expert witness fees that may be awarded to the prevailing party arising out of or in connection with the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the City, its agents, officers, councilmembers, employees, boards, commissions and Council. If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

The City of Palm Springs shall have the right to appear and defend its interests in any action through its City Attorney or outside counsel. The applicant shall not be required to reimburse the City for attorney's fees incurred by the City Attorney or the City's outside counsel if the City chooses to appear and defend itself in the litigation.

I have read and agree to all of the above.

APPLICANT SIGNATURE

PRINTED NAME AND TITLE

DATE

**ACKNOWLEDGMENT THAT COPYRIGHTED REPORTS
SUBMITTED TO THE CITY SHALL BE CONSIDERED PUBLIC RECORDS**

The applicant acknowledges, understands, and agrees that any soils, seismic hazard, landslide, geologic, natural hazard, or geotechnical report, study, or information submitted to the City by, or on behalf of, the applicant in furtherance of this application submitted by the applicant will be treated by the City as public records pursuant to the California Public Records Act which may be reviewed by any person and if requested, that a copy will be provided by the City to any person upon the payment of its direct costs of duplication.

I have read and agree to all of the above.

APPLICANT SIGNATURE

PRINTED NAME AND TITLE

DATE

(For Staff Use Only)

Documents Submitted/Executed with Transfer:

- Hold Harmless / Indemnification Agreement
- Commercial Cannabis Acknowledgement Form
- Public Integrity Disclosure
- Entity Documentation
 - Articles of Organization / Incorporation
 - Statement of Information
 - Fictitious Business Name Statement
 - Certification of Trust
 - Other: _____
- Owner(s) Consent / Current Lease Agreement
- Deed