



**CITY OF PALM SPRINGS**  
**Cannabis Related Business and Activities Permit**  
**AFFIDAVIT FOR SURRENDER**  
**LOCAL CANNABIS PERMIT**

**DSPC STAFF ONLY:**  
 \_\_\_\_\_  
 DATE RECEIVED

**PERMITEE INFORMATION**

NAME OF APPLICANT (LIST CORPORATION/LLC/PARTNERSHIP/SOLE PROPRIETOR):

DOING BUSINESS AS:

MAILING ADDRESS:

EMAIL:

|                        |                         |
|------------------------|-------------------------|
| BUSINESS PHONE NUMBER: | ALTERNATE PHONE NUMBER: |
|------------------------|-------------------------|

|                       |        |
|-----------------------|--------|
| PRIMARY CONTACT NAME: | TITLE: |
|-----------------------|--------|

**PERMITEE INFORMATION**

|                 |                   |                          |                         |
|-----------------|-------------------|--------------------------|-------------------------|
| CITY PERMIT NO. | STATE LICENSE NO. | LICENSE ADDRESS/LOCATION | CURRENT EXPIRATION DATE |
|-----------------|-------------------|--------------------------|-------------------------|

**PERMITEE AFFIRMATION**

I, \_\_\_\_\_ (print name), hereby voluntarily surrender the above listed City Cannabis Related Business and Activities permit and all related licensing privileges to the Department of Special Program Compliance, City of Palm Springs and warrant that I have the authority to bind the Permittee. By this voluntary surrender, the Permittee hereby requests that the City of Palm Springs immediately cancel, terminate and void the Permittee's Cannabis Related Business and Activities permit and Permittee shall immediately cease and desist all activity permitted under the Permit.

The Permittee also voluntarily surrenders its associated City of Palm Springs Business Tax License and will independently file for surrender with the California Department of Cannabis Control.

The Permittee states that this surrender is made voluntarily by the Permittee, and that the Permittee is not surrendering the aforesaid Permit and privileges as the result of any threat, promise, or coercion by the local licensing authority, or any of its agents or employees.

The Permittee acknowledges that this surrender is not an attempt to avoid prosecution of a violation of the California Department of Cannabis Control Medicinal and Adult-Use Regulations and that the State or City may refuse to accept this affidavit of surrender until after any pending administrative action is complete.

The Permittee further acknowledges that an application to transfer the permit has not been filed.

I affirm under penalty of perjury, that I am authorized to surrender the permit on behalf of the Permittee.

\_\_\_\_\_  
 Authorized Permittee Agent Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

## **CANNABIS CLOSING PROCEDURES**

- Complete the *Affidavit for Surrender Local Cannabis Permit* and return to the Department of Special Program Compliance.
- Submittal of Active Inventory Report in the Track and Trace system demonstrating that all product has been transferred out.
- Final submittal of revenue through last day of operations.
- Final local tax remittance.
- Schedule final inspection of premises.