



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

**CO-OWNED HOUSING UNIT 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 Co-Owned Housing Unit Permit. DSPC must review 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:**

- Remove Owner(s)
- Update Contact(s)
- Address     Telephone     Email
- Add Owner(s)

**Local Permit No.:** \_\_\_\_\_

**Property Management Business 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.

- Remove/Add Owner \$ 500.00

DPSC STAFF ONLY		
Received By:	Date:	TOTAL: \$ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Remove Owner</span> <span>Name Change</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Add Owner</span> <span>Contact Information</span> </div>
Completed By:	Date:	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Approved</span> <span>Denied</span> <span>On Hold</span> </div> Comment: _____ _____ _____

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

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: \_\_\_\_\_

New Secretary of State Entity Number: \_\_\_\_\_

By signing below, I declare under penalty of perjury that each owner, with this Co-Owned Housing Unit 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 authorization to operate as a Co-Owned Housing Unit.

_____ <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>
_____ <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 ADD or 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: \_\_\_\_\_  Add  Remove  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Shares \_\_\_\_\_

2. Name: \_\_\_\_\_  Owner  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Shares \_\_\_\_\_

3. Name: \_\_\_\_\_  Owner  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Shares \_\_\_\_\_

4. Name: \_\_\_\_\_  Owner  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Shares \_\_\_\_\_

5. Name: \_\_\_\_\_  Owner  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Number of Shares \_\_\_\_\_

6. Name: \_\_\_\_\_  Owner  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Number of Shares \_\_\_\_\_

7. Name: \_\_\_\_\_  Owner  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Number of Shares \_\_\_\_\_

8. Name: \_\_\_\_\_  Owner  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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>
_____	_____	_____
<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>

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

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

**A. REQUEST TO ADD A PROPERTY MANAGEMENT COMPANY TO THE APPLICATION RECORD.**

1. Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**B. REQUEST TO REMOVE PROPERTY MANAGEMENT COMPANY 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. Company Name: \_\_\_\_\_

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

1. Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- New Primary Contact       Change of Legal Name       Update Contact Details Only
- Address       Telephone       Email

2. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- New Primary Contact       Change of Legal Name       Update Contact Details Only
- Address       Telephone       Email

3. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- New Primary Contact       Change of Legal Name       Update Contact Details Only
- Address       Telephone       Email

By signing below I declare under penalty of perjury that each owner associated with this Co-Owned Housing Unit 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 authorization to operate as a Co-Owned Housing Unit.

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

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

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)

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)



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)

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)