



CCAP Changes to Ownership, Management, Key Employees

Submit when your business ownership or management structure changes. This includes:

- Resignations of officers, owners, management, and key employees.
- Addition or promotion of owners, management, key employees and inventory managers
- All changes to ownership and / or underlying ownership by other corporations or LLCs

If only the name is changing, you will need a different form – the Change in Trade Name form.

Complete pertinent information requested below. Request should be submitted 60 days in advance.

Provide a written statement of changes being made.

Existing CCAP(s) # _____ Date of Change: _____

OWNER CHANGES / ADDITIONS

1	Name: _____	% Ownership: _____	Add	Remove
	Address: _____			
	Email: _____	Phone: _____	Live scan submitted?	
2	Name: _____	% Ownership: _____	Add	Remove
	Address: _____			
	Email: _____	Phone: _____	Live scan submitted?	
3	Name: _____	% Ownership: _____	Add	Remove
	Address: _____			
	Email: _____	Phone: _____	Live scan submitted?	

Add additional pages as needed

MANAGEMENT CHANGES / ADDITIONS

1	Name: _____	Phone: _____	Live Scan submitted?	
	Address: _____		Add	Remove
	Email: _____	Position: _____		
2	Name: _____	Phone: _____	Live Scan submitted?	
	Address: _____		Add	Remove
	Email: _____	Position: _____		
3	Name: _____	Phone: _____	Live Scan submitted?	
	Address: _____		Add	Remove
	Email: _____	Position: _____		

Add additional pages as needed

KEY EMPLOYEE CHANGES / ADDITIONS

1	Name: _____	Phone: _____	Live Scan submitted?
	Address: _____		Add Remove
	Email: _____	Position: _____	
2	Name: _____	Phone: _____	Live Scan submitted?
	Address: _____		Add Remove
	Email: _____	Position: _____	
3	Name: _____	Phone: _____	Live Scan submitted?
	Address: _____		Add Remove
	Email: _____	Position: _____	

Add additional pages as needed

INVENTORY MANAGEMENT CHANGES / ADDITIONS

1	Name: _____	Phone: _____	Live Scan submitted?
	Address: _____		Add Remove
	Email: _____	Position: _____	
2	Name: _____	Phone: _____	Live Scan submitted?
	Address: _____		Add Remove
	Email: _____	Position: _____	
3	Name: _____	Phone: _____	Live Scan submitted?
	Address: _____		Add Remove
	Email: _____	Position: _____	

Add additional pages as needed

DOCUMENTATION – Provide Copies of the Following

Documentation of Change:

Corporations: Provide Corporate Resolution

LLCs: Provide LLC Resolution

Partnerships: Provide Partnership Resolution

LIVE SCANS – See Attached

Required for all new business owners, members of management, key employees, and inventory managers. A live scan form is attached. Please copy the form as many times as needed, and obtain Live Scan service at the Arcata Police Department or any authorized location. **Return a copy**, with proof of payment, with this Transfer of Ownership Request.



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

CA0120100

ORI (Code assigned by DOJ)

11105B11RESNO15654

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

CANABIS LC 11105(B)(11) PC

Authorized Applicant Type

Contributing Agency Information:

ARCATA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

736 F STREET

Street Address or P.O. Box

ARCATA

City

CA

State

95521

ZIP Code

00323

Mail Code (five-digit code assigned by DOJ)

EILEEN VERBECK

Contact Name (mandatory for all school submissions)

7078222428

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex

☐

Male

☐

Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☐

DOJ

☐

FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name **CCAP Business Name**

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed