



# CCAP Transfer of Ownership

Submit when your business is purchased wholly or in part by another party – whether an individual or an underlying LLC or corporation – even if the business name remains the same.

If only the business name is changing, use the Change in Trade Name form.

If the ownership structure is changing, Use the Change to Ownership Structure form.

Complete the relevant information requested below. Request should be submitted 30 days in advance.

NOTE: Live scans on the City of Arcata form must be provided for all new owners or officers. Be sure to allow time for live scan processing.

If the purchaser is an LLC or corporation, provide information about the underlying individual ownership as well.

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?	

## 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: _____		

### 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: _____	

### INVENTORY MANAGEMENT CHANGES / ADDITIONS

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

### REQUIRED DOCUMENTATION

**Provide a copy of the Acquisition / Purchase Agreement.**

**Provide documentation of the change:**

Corporations: Provide Corporate Resolution

LLCs: Provide LLC Resolution

Partnerships: Provide Partnership Resolution

**If the Purchaser is a separate business entity provide:**

Corporations: Articles of Incorporation and Corporate By-Laws

LLCs: Articles of Organization and Operating Agreement

Partnerships: Partnership Agreement

### **LIVE SCANS – City of Arcata scan form is 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)

### Contributing Agency Information:

ARCATA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

736 F STREET

Street Address or P.O. Box

ARCATA CA 95521  
City State ZIP Code

CANABIS LC 11105(B)(11) PC

Authorized Applicant Type

00323

Mail Code (five-digit code assigned by DOJ)

EILEEN VERBECK

Contact Name (mandatory for all school submissions)

70782222428

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name  
(AKA or Alias) Last

First

Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing  
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.  
Number

(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: \_\_\_\_\_

Level of Service:  DOJ  FBI

OCA Number (Agency Identifying Number)

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**

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed