



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: _____	<i>Live Scan submitted?</i>
	Address: _____		Add Remove
	Email: _____	Position: _____	
2	Name: _____	Phone: _____	<i>Live Scan submitted?</i>
	Address: _____		Add Remove
	Email: _____	Position: _____	
3	Name: _____	Phone: _____	<i>Live Scan submitted?</i>
	Address: _____		Add Remove
	Email: _____	Position: _____	

INVENTORY MANAGEMENT CHANGES / ADDITIONS

1	Name: _____	Phone: _____	<i>Live Scan submitted?</i>
	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)

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