



# CCAP Transfer of Ownership

Submit when your business is sold to another party. This includes any changes to underlying ownership by other corporations or LLCs.

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

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

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

Also provide a written statement of changes being made.

Existing CCAP(s) # \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

## OWNER CHANGES / ADDITIONS

Check box to the far right if live scans have been submitted

1 Name: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

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

2 Name: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

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

3 Name: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

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

Add additional pages if needed

## MANAGEMENT CHANGES / ADDITIONS

Check box to the far right if live scans have been submitted

1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

Add additional pages if needed

**KEY EMPLOYEE CHANGES / ADDITIONS**

*Check box to the far right if live scans have been submitted*

1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Add additional pages if needed*

**INVENTORY MANAGEMENT CHANGES / ADDITIONS**

*Check box to the far right if live scans have been submitted*

1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Add additional pages if needed*

**DOCUMENTATION – Provide Copies of the Following**

**Documentation of sale or transfer** to the new owner. (Corporations, LLCs, and partnerships provide an executed resolution; individual owners provide a letter.)

**Written certification from new owner that:**

- All operations shall continue** as described in current Description of Operations and Security Plan, and
- Full responsibility is taken for complying with existing permit.**

**New owner consent form** from page 2 of the CCAP application

**Document New Owner Information:**

Sole Proprietorships: Provide Fictitious Business Name Statement (if business name differs from owner)

Corporations: Provide Articles of Incorporation and Corporate By-Laws

LLCs: Provide Articles of Organization and Operating Agreement

Partnerships: Provide Partnership Agreement

**State of CA Certificate of Status** if name has also changed

**City of Arcata Business License** if name has also changed

**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.

Date Submitted \_\_\_\_\_

Accepted by \_\_\_\_\_

Approval Date \_\_\_\_\_

Action Taken \_\_\_\_\_

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