



# CCAP Change to Ownership or Management Structure

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

- Owner resignations
- Addition or removal 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.

Also provide a written statement of changes being made.

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

Date of Change: \_\_\_\_\_

### 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 if appropriate. (Corporations, LLCs, and partnerships provide an executed resolution; individual owners provide a letter.)

**New Owner: 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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