



## San Luis Obispo County Sheriff's Office Closure of Cannabis Business



### What is this form?

Complete this form to notify the San Luis Obispo County Sheriff's Office of your intent to close your Cannabis Business and surrender your business license.

### Permanent Closure:

A Cannabis Business license holder who wishes to close their business and voluntarily surrender their Cannabis Business License may do so by completing this form. If you are requesting to surrender your license, there are additional steps that the Sheriff's Office, Tax Collector's Office and other San Luis Obispo County Departments must take prior to accepting this surrender. A Sheriff's Office representative will contact you shortly.

Submit your request for a permanent closure via email to: [SH-cannabis@co.slo.ca.us](mailto:SH-cannabis@co.slo.ca.us)

### Section 1 – Closure of Business

<b>Business License Number:</b>		<b>Request Date:</b>	
<b>Licensee(s):</b>			
<b>Premise Address:</b>			
<b>DRC or CNBS Plan Number:</b>			
<b>DCC State License Number:</b>			
<b>Date(s) of Closure:</b>			

*I am requesting to surrender the above identified cannabis business license in connection with the closure of the above identified Cannabis Business. I understand that there are additional steps that the Sheriff's Office, Tax Collector's Office and other San Luis Obispo County Departments must take prior to accepting the surrender and that I am responsible for all the activity at the licensed premises until my surrender is accepted and business closure confirmed by the County. I understand that once my surrender is accepted my business license will no longer be active. I understand that I will no longer have the legal authority to operate the above identified Cannabis Business (or any subsequent Cannabis Business at the identified premise) without obtaining required local authorization(s), including but not limited to obtaining a new Cannabis Business license.*



# San Luis Obispo County Sheriff's Office

## Closure of Cannabis Business



### Section 2 - Signature

I attest that I am entitled and authorized to act on behalf of this license and that all the information above is true and correct.

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED AND ATTACHED ANY SUPPLEMENTAL PAGE(S) TO THIS FORM. I AFFIRM THAT, UNDER PENALTY OF PERJURY, THE INFORMATION CONTAINED WITHIN AND SUBMITTED WITH THIS APPLICATION FORM IS COMPLETE, TRUE AND ACCURATE. IN ADDITION, I AFFIRM THAT, UNDER PENALTY OF PERJURY, THE LICENSEE(S) LISTED ABOVE ARE THE ONLY PERSON(S) WITH A FINANCIAL INTEREST IN THE CANNABIS BUSINESS OPERATIONS AND ARE AWARE OF THIS SURRENDER AND BUSINESS CLOSURE.

\* I UNDERSTAND THAT A MISREPRESENTATION OF FACT IS CAUSE FOR DENIAL OR REVOCATION OF CURRENT OR FUTURE APPLICATIONS/LICENSES. \*

"FINANCIAL INTEREST IN THE CANNABIS OPERATIONS" INCLUDES OWNERSHIP INTEREST IN THE CANNABIS BUSINESS AS WELL AS THE PROPERTY SITE IF NOT OWNED BY THE CANNABIS BUSINESS.

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Signature:

Date:

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Name:

Title: