

COMMERCIAL CANNABIS BUSINESS PERMIT INFORMATION CHANGE NOTIFICATION

SECTION 1 - TYPE OF CHANGE

Business Entity Information Update							
Community Liaison Change							
	Current	Business Entity Inform	nation				
Business Name(D.B.A.)							
					1	1	
Physical Address		City			State	Zip Code	
		Cit			6	7: 6 1	
Mailing Address (if different than physical address)		City			State	Zip Code	
Emergency Contact Person (available 24 hours)							
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Primary Phone Number Secondary		Phone Number Email Address		Email Address			
Community Liaison			I				
Primary Phone Number Secondary		Phone Number Email A		Email Address	il Address		
	Proposed	d Business Entity Infor	mation				
Business Name(D.B.A.)							
Physical Address		City			State	Zip Code	
Thysical Address		City			orare	Zip code	
Mailing Address (if different than physical address)		City			State	Zip Code	
Emergency Contact Person (available 24 hours)					I		
Primary Phone Number Secondary		Phone Number Emo		Email Address			
Community Liaison							
Primary Phone Number	Secondary	Phone Number		Email Address			
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	1						

RETURN TO: INYO COUNTY COMMERCIAL CANNABIS PERMIT OFFICE

207 W SOUTH STREET BISHOP, CA 93514