



## Cessation of Business Notification Form

Full Name

E-Mail

Business Name (as stated on DA)

Address

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Est. date to cease operations

Est. date to resume operations

Reason(s):

☐

State enforcement action (i.e. suspension, revocation)

☐

Compliance updates

☐

Operation issues (cashflow, workforce, supply chain, infection, etc.)

☐

Construction/expansion

☐

Business restructuring/change in interested parties.

All cannabis products on site will be:

☐

Sold to a licensed cannabis business prior to cessation of operations

☐

Destroyed/disposed of

☐

Temporarily stored at:

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City of Colusa  
425 Webster Street  
Colusa, CA 95932



## Cessation of Business Notification Form Continued

Business Operations Tax:

☐

I certify and acknowledge that any unpaid cannabis Business Operations Taxes are grounds for suspension or revocation pursuant to XXXXXX unless fully paid or a payment plan is accepted by the City of Colusa

Authorizations:

☐

I authorize City officials to inspect the validity of information provided above through a physical inspection

☐

I authorize the following to communicate with City officials on my behalf during this period of non operation (optional)

Name

Email

Phone

☐

I certify that the information provided above is true and correct.

Print Name and Title

Signature and Date

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### City Use

Received  
on:

By:

City Manager Signature  
and Date