

State of California, Department of Cannabis Control Financial Institution Request Form

Business and Professions Code section 26260 allows the Department of Cannabis Control to release non-public licensee information to financial institutions to help licensees access financial services.

Financial institutions must use this form to request licensee information under these provisions. This form must be completed and signed by a representative of the financial institution and submitted using a method that verifies identity, such as by submitting via their financial institution-issued email address.

Information will only be provided when the licensee has authorized its release by submitting a waiver to the Department identifying the specific financial institution permitted to receive the information.

Cannabis Licensee Information

Cannabis Business Name:

License Number(s):

Financial Institution Information

Name of Financial Institution:

Financial Institution's License Number:

Request Information

Information Requested *(Note: We will only provide information authorized for disclosure by the licensee)*

Application - Includes license application and renewal applications. Does not include criminal background or personal information of individual owners.

Compliance and Enforcement - Includes documents issued pursuant to disciplinary proceedings such as Citations, Notice of Embargo or Notice of Suspension/Revocation.

Track and Trace - Includes inventory, sales (retail) and transfer reports. Does not include employee personal information or information about other licensed businesses.

Reason for Requesting Information

Consideration for New Account/Services

Maintenance of Existing Account/Services

Type of Financial Service

Bank Account

Insurance

Loan

Other:

Acknowledgment

The information requested includes confidential information, not subject to public disclosure. You are only authorized to use this information as reasonably necessary to facilitate the provision of financial services for the licensee making the request. Further disclosure is otherwise prohibited.

Name of Financial Institution's Representative:

Signature of Representative:

Date:

Representative's Email:

Phone: