

**NOTICE OF APPEAL**CCAP Form 6003 (~~New 04/18~~Rev. 10/21)

**Directions:** Any person aggrieved by the decision of a ~~licensing authority~~ the Department of Cannabis Control denying the person's application for any license, denying the person's renewal of any license, placing any license on probation, imposing any condition on any license, imposing any fine on any license, assessing any penalty on any license, or canceling, suspending, revoking, or otherwise disciplining any license as provided for under Business and Professions Code Division 10, Cannabis, may appeal the ~~licensing authority's~~ Department's written decision by completing this form and submitting to the Cannabis Control Appeals Panel in accordance with 16 CCR 6003.

**Notice is hereby given that the party below appeals the decision rendered against them by a ~~licensing authority~~ the Department, as authorized by Business and Professions Code section 26043.**

Your Name: \_\_\_\_\_ License Number(s): \_\_\_\_\_  
(For licensees only)

Address of Record: \_\_\_\_\_

Case Being Appealed: \_\_\_\_\_  
(Provide case name and case number)

Licensing Authority: \_\_\_\_\_  
(Provide the name of the licensing authority that issued the written decision against you)

Date of Written Decision: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Grounds for Appeal:** (Check all boxes that describe the grounds for your appeal)

I am appealing the decision against me because:

- The ~~licensing authority~~ Department proceeded without or in excess of its jurisdiction.
- The ~~licensing authority~~ Department did not proceed in the manner required by law.
- The decision by the ~~licensing authority~~ Department is not supported by the findings.
- The findings are not supported by substantial evidence in light of the whole record.

**Proof of Service:** Pursuant to 16 CCR 6003(a)(3), any person submitting this form to the Cannabis Control Appeals Panel shall attach proof of service showing that a copy of this completed form has been served on all parties to this appeal, including the ~~licensing authority that issued the underlying decision~~ Department.

**Certification of Email Address:** Pursuant to 16 CCR 6005, any person submitting this form to the Cannabis Control Appeals Panel shall concurrently complete and submit CCAP Form 6005, Certification of Email Address (~~New 04/18~~Rev. 10/21).

\_\_\_\_\_  
Appellant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name