

NOTICE OF APPEAL

CCAP Form 6003 (Rev. 10/21)

Directions: Any person aggrieved by the decision of 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 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 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)

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 Department proceeded without or in excess of its jurisdiction.
- The Department did not proceed in the manner required by law.
- The decision by the 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 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 (Rev. 10/21).

Appellant Signature

Date

Print Name