



# Appeal Deposit \$3,000

(required to be replenished as needed)

# City of Concord

City Manager's Office  
1950 Parkside Drive  
Concord, CA 94519

Submit Appeal Form to: [cityclerk@cityofconcord.org](mailto:cityclerk@cityofconcord.org)

## Commercial Cannabis RFP Appeal Form

Applicant Business Name and DBA: \_\_\_\_\_

Project Address / Location: \_\_\_\_\_

Commercial Cannabis License Category (i.e., Storefront, Non-Storefront, Microbusinesses): \_\_\_\_\_

Assessor's Parcel Number[APN]: \_\_\_\_\_

**APPELLANT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION OF GROUNDS OF APPEAL (see Section VIII (A) (1-2) of RFP Instructions) (attach additional sheets if necessary and attach all written documentation in support of appeal):**

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Estimated Number of Witnesses to Appear at Appeal Hearing: \_\_\_\_\_

**If Appellant requests additional time for appeal hearing presentation (not to exceed 40 minutes), provide detailed reason(s) why additional time is necessary (attach additional sheets if necessary):**

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I hereby certify under penalty of perjury that the statements and information furnished herein and as required for this appeal to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FOR STAFF USE ONLY**

Date Received: \_\_\_\_\_ Deposit Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Project number: \_\_\_\_\_ Trust Account number: \_\_\_\_\_