

DEPARTMENT OF CANNABIS REGULATION

PROPOSITION M PRIORITY PROCESSING

APPEAL FILING INSTRUCTIONS

- Please carefully read and follow these instructions to ensure your appeal is timely received. **Untimely or incomplete submissions of your appeal form, supporting documents (if any), and/or payment will result in rejection of your appeal.**
- Pursuant to LAMC § 104.07, an EMMD Applicant may file an appeal of a Proposition M Priority Processing determination.
- If you do not appeal, the decision issued by the Department of Cannabis Regulation (DCR) will be final and effective 15 business days after the date the decision was mailed.
- To appeal a decision related to Proposition M Priority Processing under LAMC § 104.07, you must:
 1. Complete and submit the attached appeal form within 15 business days of the date the decision was mailed by DCR. The form, and any supporting documentation, must be submitted either by email or in person at DCR's office by that date.

If submitting in person: DCR's office is located at 221 N. Figueroa St., Suite 1245, Los Angeles, CA 90012. DCR is open Monday to Friday, 9 A.M.-4 P.M. Appeal forms will not be accepted outside of these hours. Therefore, your appeal form and documentation (if any) must be received at DCR's public window no later than 4 P.M. on the 15th business day after the date DCR's decision was mailed.

If submitting by email: The appeal form and any supporting documentation must be emailed to DCRAppeals@lacity.org no later than 11:59 P.M. on the 15th business day after the date DCR's decision was mailed. The subject line of the email must read "APPEAL OF PRIORITY PROCESSING DETERMINATION." If you are emailing numerous or large files, it is your responsibility to ensure all files are received by DCR before the deadline.

2. Pay your appeal fee to the Office of Finance within 5 business days of receiving the invoice from DCR. You will receive an invoice for the appeal fee by email once DCR has received and processed your appeal form. The invoice will be sent to the email address(es) on file with DCR. As set by LAMC § 104.19, the appeal fee for an Applicant is **\$4,687**.

Please note that the Office of Finance has limited hours and requires an appointment three days in advance for cash payments over \$1,000. Cash payment appointment requests may be via email at finance.csd.appt@lacity.org or by phone at (213) 978-1540. Payments by check, money order and credit card can be made to all three branch office locations and do not require an appointment. DCR does not accept or process appeal fee payments.

- If your appeal form and payment are each timely received, the Cannabis Regulation Commission (Commission) will hold a public hearing to consider your appeal. The hearing will be held within 60 business days of the date that DCR received your appeal form. Please consult the Commission's Rules and Operating Procedures to prepare for your appeal hearing. The Commission's Rules and Operating Procedures may be found on DCR's website under the "Commission" tab. DCR's website is: <http://cannabis.lacity.org/>.
- The time for holding a hearing may be extended by mutual agreement between the Commission and the Applicant. Failure of the Commission to act with the time period allowed shall be deemed a denial of your appeal.
- If Proposition M Priority Processing is denied by DCR and, if appealed, also denied by the Commission, you must immediately cease all Commercial Cannabis Activity at the Business Premises. In that situation, you will not be entitled to the limited immunity from prosecution afforded by Proposition D.
- If you are determined ineligible for Proposition M Priority Processing, you may apply during the general licensing application period (Phase 3) by filing a new application.
- DCR will not refund any fee for an application determined ineligible for Proposition M Priority Processing.

DEPARTMENT OF CANNABIS REGULATION

PROPOSITION M PRIORITY PROCESSING APPEAL FORM

This form is to be used for an appeal authorized by the Los Angeles Municipal Code (LAMC) for determinations made by the Department of Cannabis Regulation (DCR) concerning Proposition M Priority Processing under LAMC § 104.07. **Please see the attached instructions to ensure your appeal is submitted timely and considered complete. Untimely or incomplete submissions may result in denial of your appeal.**

1. CASE INFORMATION

This appeal concerns the following commercial cannabis business:

Business name/DBA: _____

Business Premises Address: _____

Application No.(s): _____

Is the appeal being filed within 15 business days of the mailing of the decision?

Yes No (if no, the appeal is untimely)

2. APPELLANT INFORMATION

This appeal is being filed by:

Appellant's Name: _____

Appellant's Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Are you filing this appeal on your behalf or on behalf of another party, organization or company?

Self Other

3. REPRESENTATIVE/AGENT INFORMATION

Representative/Agent Name (if applicable): _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

4. JUSTIFICATION/REASON FOR APPEAL

Please explain the reason for your appeal, including: (1) why you claim there was an error or abuse of discretion by DCR; and (2) how you are aggrieved by the decision. (Attach separate sheet, if necessary.)

5. ADDITIONAL DOCUMENTS

Documents are not required, but you may submit any that you believe support your appeal. Please describe them below. (Attach separate sheet, if necessary.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

6. APPELLANT’S AFFIDAVIT

I certify that the statements contained in this appeal form and any attachments or supporting documents are complete and true to the best of my knowledge. I understand that submission of false or misleading information may result in denial of my appeal.

Appellant’s Signature: _____ Date: _____

<u>FOR DCR USE ONLY</u>	
Appeal Fee: \$4,687	Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain reason): _____
Reviewed by: _____	Date: _____
Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain reason): _____	
Date by which DCR/Commission must act: _____	
Notes: _____	
