PHASE 2 APPLICANT RELOCATION REQUEST FORM

Instructions: An applicant’s owners must submit this form in person by 4:00 pm on Wednesday, May 15, 2019, at DCR’s office at 221 N. Figueroa St, Suite 1245, Los Angeles, CA 90012. DCR may require all owners of the applicant, as reflected in DCR’s records, to sign this form before processing a relocation request. An applicant shall only be authorized to relocate its business premises if it receives written approval from DCR. It is an applicant’s sole responsibility to select a business premises that complies with the City’s zoning and sensitive use distance restrictions and all other applicable laws. DCR’s approval of a relocation request shall not in any way constitute a determination that the new business premises complies with any applicable laws.

Application No.: ________________________________________________________

Legal Business Name: ____________________________________________________

Primary Contact Name: ____________________________________________________

Contact Phone Number: ___________________________________________________

Contact Email Address: ___________________________________________________

Current Premises Address: _________________________________________________

Proposed Premises Address: _______________________________________________

Reason for requesting approval for relocation:
_____________________________________________________________________
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By signing and submitting this form, you are certifying under penalty of perjury that the information you supply is true and accurate to the best of your knowledge. Submission of false or misleading information may result in the denial of your application. You are further certifying under penalty of perjury that you understand that if DCR approves this request it shall not in any way constitute a determination that the business premises complies with the City’s zoning and sensitive use distance restrictions or any other applicable laws.

Owner’s Name: ___________________________
Owner’s Signature: ________________________  Date:__________________

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Owner’s Signature: ________________________  Date:__________________

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Owner’s Signature: ________________________  Date:__________________

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