



CITY OF LOS ANGELES DEPARTMENT OF™

CANNABIS REGULATION

AUTHORIZED AGENT ACKNOWLEDGEMENT

LIC-4009-FORM

Applicant Entity Name: _____

Business Premises Location: _____

DCR Record No.: _____

Instructions: This form authorizes an individual who is a Primary Personnel, as defined in Los Angeles Municipal Code section 104.01(a), to submit and sign certain forms and documents, as identified on each form or document, and to communicate with the Department of Cannabis Regulation (DCR) on behalf of an existing Applicant or Licensee. An Applicant or Licensee may designate **one** individual who is also a Primary Personnel as an Authorized Agent. An Authorized Agent may sign and submit the forms or documents which specify an authorized agent may be the signatory.

While valid, this form authorizes the designated Primary Personnel (natural person) to serve as an Authorized Agent for the Owners of the DCR Record Number listed above, including all associated modification, renewal, or amendment records. The authorization shall expire based on the selection made in Part 1 of this form. For example, an Authorized Agent may be designated until for a defined period of time, or until a majority of the equity ownership changes. This form must be submitted anytime an individual's status as an Authorized Agent changes. Authorization may be revoked at any time by completing Part 2 of this form.

For a Social Equity Applicant under LAMC sections 104.06.1 and 104.20, notarized signatures on this form are required from: (1) the Social Equity Individual Applicant, if that individual is a majority Owner (at least 51%); and/or (2) a sufficient number of owners to constitute a majority which **must include the Social Equity Individual Applicant**. If the Applicant business is not subject to the Social Equity Program provisions in LAMC 104.20, notarized signatures are required from a majority Owner (over 51%) or a sufficient number of Owners to constitute a majority ownership.

PLEASE NOTE: Authorized Agents will be granted access to information concerning the Application, License, and/or commercial cannabis business, including personal identifying information, business records, and any records submitted as part of an application or renewal. Additionally, an Authorized Agent may also receive communications from DCR about the applicable License or Application, including notices concerning the application or license status.

PART 1

ADD AUTHORIZED AGENT

The following individual is permitted to sign certain forms, submit documents and communicate with DCR on behalf of an Applicant Entity. Only **one** natural person may be designated as an authorized agent.

Name of the Authorized Agent: _____

ACA Reference Contact ID: _____

Affiliation to Applicant Entity (i.e. president, CEO): _____

Authorize this agent (Check **one** box):

- Immediately, and through the end of the current calendar year.
- Immediately, and through the end of the renewal filing period.
- Immediately for the current year and through the end of the next calendar year.
- For the next calendar year only.
- For the next calendar year and through the end of the next renewal filing period.
- Until the Authorized Agent Acknowledgement is revoked, the Authorized Agent is replaced, or a majority of the equity ownership changes, whichever comes earlier.

Check the box below if this authorized agent is replacing an individual named in part 2.

- The authorized agent listed in Part 1 replaces the individual named in Part 2 below.

PART 2

REMOVE AUTHORIZED AGENT

Please note: this individual will be removed as an Authorized Agent and is no longer permitted to sign certain forms, submit documents or communicate with DCR on behalf of an Applicant Entity.

Name of Authorized Agent to be removed: _____

ACA Reference Contact ID: _____

Prior affiliation to Applicant Entity (i.e. president, attorney, consultant): _____

I attest that the information provided in this form is true, correct, and complete as of the date of my signature below. I have the authority to make the attestations contained within this form on behalf of the Applicant Entity identified above. I understand that submission of false or misleading information or the failure to disclose material facts may result in denial of the application, the suspension or revocation of the license, and/or any other penalties allowed by law.

Attach additional signature pages for a sufficient number of owners to constitute a majority which **must include the Social Equity Individual Applicant** (if applicable), and number them accordingly.

<i>Owner's Name</i>	<i>Title/Role</i>	<i>Owner's Signature</i>	<i>Date</i>
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NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On _____ before me, _____ (insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)