



LIC-4002-FORM

**Instructions:** Please complete and submit this form to each stakeholder type as required per Los Angeles Municipal Code Section 104.03(a)(4).

Date:

Type of Stakeholder:            Chamber of Commerce            Neighborhood Council            LAFD  
   Substance Abuse Intervention, Prevention and Treatment Organization

To: \_\_\_\_\_  
*(Name of Stakeholder, i.e. Sherman Oaks NC)*

Stakeholder Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_  
*(Contact)*

**RE: CITY COUNCIL TO CONSIDER REQUEST FOR PUBLIC CONVENIENCE OR NECESSITY (PCN) FINDING; COUNCIL FILE NO. \_\_\_\_\_**

Dear Stakeholder,

Pursuant to Los Angeles Municipal Code (LAMC) Section 104.03(a)(4), an Applicant seeking to apply for a Commercial Cannabis Activity License in a Community Plan Area that has reached Undue Concentration, as defined in LAMC Section 104.01(a)(48), is required to engage with and seek input from your agency/organization as part of the PCN process.

On \_\_\_\_\_, a PCN Request Form was submitted to the Department of Cannabis Regulation (DCR). After DCR reviews the PCN Request Form and all applicable fees are paid, the request will be transmitted to the City Council. The City Council will either approve or deny the request.

If you would like to submit any comments and/or documents to the City Council pertaining to this request, you may do so at: [LACouncilComment.com](http://LACouncilComment.com).

Request for Stakeholder Input

Please be advised that while key stakeholders may make recommendations on potential operating conditions, conditions may only be imposed by the Department of Cannabis Regulation or Cannabis Regulation Commission upon issuance of a License to address public safety concerns. (LAMC §§ 104.06(a)(3)(ii), 104.06 (b).)

Information regarding the proposed Commercial Cannabis Activity associated with this PCN request:

Business Premises Location: \_\_\_\_\_

Community Plan Area: \_\_\_\_\_ CD: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant's Phone No. \_\_\_\_\_ ; Email: \_\_\_\_\_

Total Floor Area of Business: \_\_\_\_\_ square feet

Proposed Hours of Operation: \_\_\_\_\_ Days: \_\_\_\_\_

\_\_\_\_\_ Days: \_\_\_\_\_

\_\_\_\_\_ Days: \_\_\_\_\_

Applicant's representative (contact info): \_\_\_\_\_

If you have any questions, please contact the following individual:

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

\_\_\_\_\_  
*Requester's Name*

\_\_\_\_\_  
*Requester's Signature*

\_\_\_\_\_  
*Date*