



LIC-4004-MOD

Applicant Name: \_\_\_\_\_  
DCR Record No. \_\_\_\_\_

**Instructions:** Please provide the information requested below to modify ownership percentages or add Owners. To remove an Owner, please use the “Application Modification Request - Removal of Owner(s)” form (LIC-4005-FORM). If at least one existing Owner will remain on the record as an Owner under the new structure, the business may continue to operate if a Temporary Approval or License has been issued while DCR reviews the modification request and eligibility of the new Owner(s). If all Owners will be transferring their ownership interest, the Applicant or Licensee must resubmit all application documents and the business cannot operate under the new ownership structure until a new License has been issued.

All capitalized terms are defined in Los Angeles Municipal Code Section 104.01(a).

**A. REQUEST TO MODIFY EXISTING OWNERSHIP.** Please indicate the modification(s) to the original ownership structure in the table below and provide an updated organization chart as illustrated in Figure 1. All entities and Individuals with a financial interest must be disclosed. Please also include updated contact information where applicable. *(If there is no change to the contact information, write “N/C” in the “Mailing Address” field).*

Name: _____ <input type="radio"/> Individual <input type="radio"/> Entity <input type="radio"/> SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Modifying Ownership From: _____ % To: _____ % Accela Contact Ref. ID: _____
Name: _____ <input type="radio"/> Individual <input type="radio"/> Entity <input type="radio"/> SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Modifying Ownership From: _____ % To: _____ % Accela Contact Ref. ID: _____
Name: _____ <input type="radio"/> Individual <input type="radio"/> Entity <input type="radio"/> SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Modifying Ownership From: _____ % To: _____ % Accela Contact Ref. ID: _____
Name: _____ <input type="radio"/> Individual <input type="radio"/> Entity <input type="radio"/> SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Modifying Ownership From: _____ % To: _____ % Accela Contact Ref. ID: _____

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**B. REQUEST TO ADD OWNERS TO THE APPLICATION OR LICENSE:**

Each Individual and business entity is required to have a unique Contact Reference Identification Number that is generated by creating a user profile in Accela (“Accela Contact Reference ID”). Please provide the Accela Contact Reference ID for every Individual and business entity added to the Application in the table below.

If an entity is being added as an Owner, please use the Ownership and Financial Interest Holder Form ([LIC-4008-FORM](#)) to provide the entity’s ownership information until only individuals remain as instructed in the form, and attach an updated organizational chart as illustrated in Figure 1. All entities and Individuals with a financial interest must be disclosed.

Name: _____ <input type="radio"/> Individual <input type="radio"/> Entity <input type="radio"/> SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____ % of _____ Accela Contact Ref. ID: _____
Name: _____ <input type="radio"/> Individual <input type="radio"/> Entity <input type="radio"/> SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____ % of _____ Accela Contact Ref. ID: _____
Name: _____ <input type="radio"/> Individual <input type="radio"/> Entity <input type="radio"/> SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____ % of _____ Accela Contact Ref. ID: _____
Name: _____ <input type="radio"/> Individual <input type="radio"/> Entity <input type="radio"/> SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____ % of _____ Accela Contact Ref. ID: _____

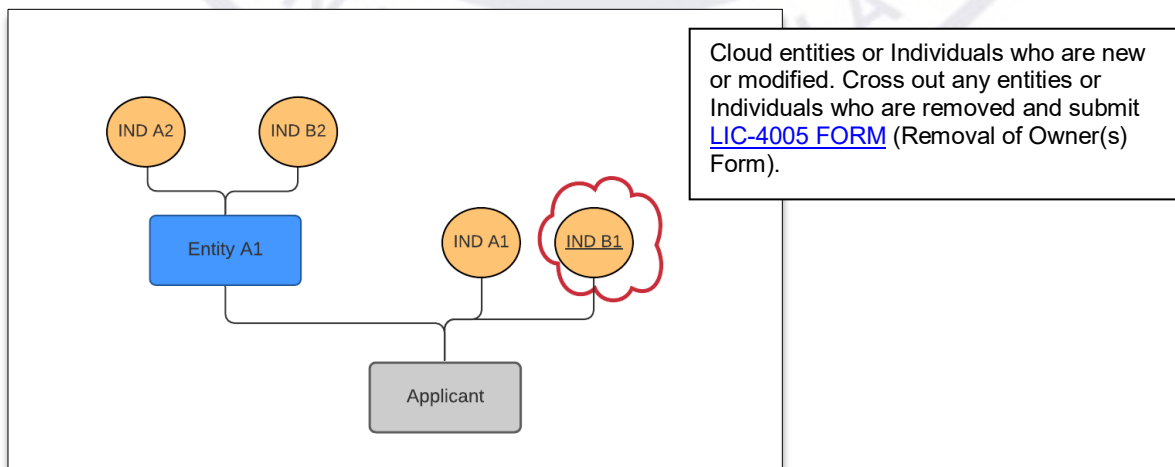


Figure 1

DCR Record No.

By signing below I declare under penalty of perjury that I am authorized to make the requested changes to the Application or License. I affirmatively represent to the City of Los Angeles and DCR that this modification to the Application or License is not made in breach of any agreement involving either the existing or new entity or any other related party. I understand that DCR's processing of this modification is based on these affirmative representations and this attestation, and any dispute, legal or otherwise, arising between the existing and new entities, or any other party, past, present, or future, concerning this modification does not involve the City or DCR. In processing this modification, the City and DCR do not validate any party's claims with regard to any disputes, legal or otherwise, arising between the existing and new entities, or any other party, past, present, or future. Additionally, I declare under penalty of perjury that the statements contained in this 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, or the failure to disclose a material fact, may result in denial of my License Application, administrative action or penalties, and/or revocation of authorization to conduct commercial cannabis activities.

I am: Owner Social Equity Individual Applicant

\_\_\_\_\_  
Name / Title Signature Date

**Signature instructions:** This form requires a notarized signature from any Owner(s) impacted by this modification. If the Owner is a natural person, that person must sign. If the Owner is an entity, the CEO or President, or equivalent executive position, may sign on behalf of the entity.  
(Attach additional signatory pages if necessary)

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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)