



LIC-4009-FORM

Applicant Entity Name: _____

Business Premises Location: _____

DCR Record No.: _____

Instructions: This form allows Applicants or Licensees to designate an individual to sign and submit forms and documents to DCR on behalf of an Applicant or Licensee, including modification, renewal, or amendment records, and communicate with DCR about the Application or License. The Authorized Agent must be one individual who is also an Applicant's or Licensee's Primary Personnel, as defined in Los Angeles Municipal Code Section 104.01(a). Authorization shall expire based on the selection made in Part 1 of this form. Authorization may also be revoked at any time by completing Part 2 of this form.

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 about the 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): _____

ATTESTATION

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.

Please check one of the following and sign below.

I am: Owner Social Equity Individual Applicant Authorized Agent

Name / Title	Signature	Date
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Signature instructions: This form confers significant authority to the designated Authorized Agent. For that reason, notarized signatures from a sufficient number of Level 1 Owners to constitute **sixty percent (60%)** of the ownership of the Applicant or Licensee are required on this form. “Level 1 Owners” are the natural persons or entities that own the Applicant or Licensee entity directly without any intervening entities or persons. If a Level 1 Owner is an entity, the CEO or President, or equivalent executive position, may sign on behalf of the entity. If this is a Social Equity Application, all Social Equity Individual Applicants must also sign this form; their ownership interest(s) will count towards the 60% total ownership requirement.

Example #1: If the Applicant is an entity that is owned by John Doe (51%), who is a Tier 1 Social Equity Individual Applicant, ABC Corporation (29%), and XYZ Corporation (20%), John Doe and the President(s) of either ABC Corporation or XYZ Corporation may sign this form. In this example, the form could not be executed by any individual Owner on their own, or by ABC Corporation and XYZ Corporation alone.

Example #2: If the Applicant is an entity that is owned by Jane Doe (33%), who is a Tier 2 Social Equity Individual Applicant, ABC Corporation (42%), and XYZ Corporation (25%), Jane Doe and the President of ABC Corporation may sign this form together. In this example, the form could not be executed by any individual Owner on their own, or by Jane Doe and XYZ Corporation, or by ABC Corporation or XYZ Corporation alone.

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)

