



LIC-4001-MOD

DCR Record No.: \_\_\_\_\_

**Instructions:** This form allows an Applicant or Licensee to request a modification to a previously submitted application or License. The applicable modification fees must be paid prior to DCR’s review of the requested modifications. DCR must review and approve any modifications before the changes become effective and may request supporting documentation to complete the request.

This cover page must be submitted along with applicable forms the modification(s) requested. Please check the box or boxes for the requested Application modification(s):

- |                              |                          |                          |
|------------------------------|--------------------------|--------------------------|
| Business Premises Relocation | Ownership Structure      | Legal Entity Name Change |
| Business Premises Diagram    | Fictitious Business Name | Remove Owner             |
| Remove Cannabis Activity     | Other: _____             |                          |

**CURRENT BUSINESS INFORMATION (PRIOR TO REQUESTED APPLICATION MODIFICATION)**

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

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

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 is not made in breach of any agreement involving either the existing or new entity or any other related party. 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      Authorized Agent

|                     |                  |             |
|---------------------|------------------|-------------|
|                     |                  |             |
| <i>Name / Title</i> | <i>Signature</i> | <i>Date</i> |

**Signature instructions:** This form requires a signature from the Authorized Agent designated on the Authorized Agent Acknowledgement (LIC-4009-FORM). If an Authorized Agent has not been designated, signatures are required from a sufficient number of Level 1 Owners to constitute a majority (51%) of the ownership of the Applicant or Licensee. “Level 1 Owners” are the natural persons or entities that own the Applicant or Licensee entity directly without any intervening entities or persons.