



LIC-4005-MOD

Applicant Name: _____

DCR Record Number _____

Instructions: Please provide the information requested below to remove Owners. Please note that the individual Owner who is the Social Equity Individual Applicant, as defined LAMC Section 104.20(a) or (b), cannot be removed from the Application. If at least one existing Owner will remain 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).

REQUEST TO REMOVE OWNERS TO THE APPLICATION OR LICENSE:

Please provide the Accela Contact Reference ID for each of the Owners being removed. If a business entity is being removed, please provide written proof (e.g., bylaws or operating agreement) showing that the Individual requesting this modification has authority to effectuate these changes.

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

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
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Signature instructions: This form requires a notarized signature from any Owner(s) being removed from the License or Application. 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)

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)