



LIC-4014-FORM

AN APPLICANT CAN USE THIS FORM:

- To request an appeal to the Cannabis Regulation Commission of the Department of Cannabis Regulation's (DCR) denial of an Annual License for any type of Commercial Cannabis Activity pursuant to Los Angeles Municipal Code §§ 104.06 and 104.10(c).
- To request an appeal to the Los Angeles City Council of the Cannabis Regulation Commission's denial of an Annual License for Type 10 or Type 12 Retail Commercial Cannabis Activity pursuant to Los Angeles Municipal Code §§ 104.06 and 104.10(d).

Please note: This form is **not** to request an administrative appeal hearing before an administrative hearing officer pursuant to LAMC § 104.14 for an appeal of a Notice of Violation, Notice of Suspension, Notice of Revocation or the denial of a license renewal. To request an administrative appeal hearing, use [ENF-3001-FORM, Administrative Hearing Request](#).

This form is to request an appeal concerning the denial of an Annual License for Commercial Cannabis Activity to the Cannabis Regulation Commission or to the Los Angeles City Council. The issuance of an Annual License by the Department of Cannabis Regulation or the Cannabis Regulation Commission is final and not appealable.

Please carefully follow these instructions to ensure your hearing request is timely received. **Untimely or incomplete submissions of this form, any supporting documents, and/or payment of the appeal fee will result in the rejection of your request.** Please note that the failure to timely request an appeal shall constitute a failure to exhaust administrative remedies.

- To initiate an appeal of the Department of Cannabis Regulation's denial of an Annual License to the Cannabis Regulation Commission, the required appeal payment **and** this form must be submitted with the required materials attached within 15 calendar days from the electronic mailing date of DCR's report. (LAMC § 104.06(b)(2)(ii).) The decision of the Commission regarding an appeal is final and not further appealable.
- To initiate an appeal of the Cannabis Regulation Commission's denial of an Annual License to the City Council, the required payment **and** this form must be submitted with the required materials attached within 15 calendar days from the electronic mailing date of the Cannabis Regulation Commission's decision letter. (LAMC § 104.06(b)(2)(v).) Notwithstanding an appeal pursuant to LAMC § 197.01, an appeal regarding the Commission's denial of an Annual License to the City Council may only be requested for Type 10 or Type 12 Retail Commercial Cannabis Activity. For appeals under LAMC § 197.01, please follow [these instructions](#) to submit the City Clerk form for (Non-Planning) CEQA Appeals.

INSTRUCTIONS

To file an appeal of a denial under LAMC §§ 104.06(b)(2)(ii), 104.06(b)(2)(ii)(v), and 104.10 you must:

1. Submit this completed Denial of An Annual License Appeal Form, along with any supporting documentation, by email to DCRAppeals@lacity.org by no later than 11:59 P.M. (PST) on the 15th day after the electronic mailing date of the Commission's decision letter or DCR's report. Pay the required appeal fee, as specified in LAMC § 104.19, to the Office of Finance by the date on the invoice. An invoice is attached to the decision issued by DCR. Payments by check, money order and credit card can be made to any open Office of Finance branch location. DCR does not accept or process fee payments. Please note that the Office of Finance has limited hours and requires an appointment three days in advance for cash payments over \$1,000. Cash payment appointment requests may be sent via email to finance.csd.appt@lacity.org.
2. If the appeal form and payment are both timely received, a hearing will be scheduled within the time allotted by LAMC § 104.10.

PLEASE COMPLETE THE FOLLOWING SECTIONS:

SECTION A: Applicant Name: _____
DCR Core Record No.: _____
Business Premises Location: _____

SECTION B: Appeal requested (*please make one selection*):

☐ **APPEAL TO THE CANNABIS REGULATION COMMISSION:**

Date of Denial of Annual License: _____

☐ **APPEAL TO THE LOS ANGELES CITY COUNCIL*:**

Date of Denial of Annual License (Type 10 or 12 Only): _____

SECTION C: Applicant Information:

Applicant (Legal Business Entity Name): _____
Contact Name: _____ Phone No.: _____
Mailing Address: _____
Contact Email**: _____

** By submitting this form electronically, you agree to accept communications from the City at the electronic mail address and phone number provided.

Are you filing this Appeal Request Form on your behalf or on behalf of another party, organization or company?

☐ Self ☐ Other (print): _____

SECTION D: Representative/Agent Information (if applicable):

Representative/Agent: _____
Contact Name: _____ Phone No.: _____
Mailing Address: _____
Contact Email**: _____

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☐ Additional documents are not required but may be submitted to support your appeal. If you are attaching additional documents, please check this box and include, on top of each page: the page number, the date of submission of this form, the name of the Licensee/Applicant, and the DCR record number.

☐ Decision being appealed.

I certify that the statements contained in this document and any attachments or supporting documents are complete and true to the best of my knowledge. I understand that the submission of false or misleading information may result in the denial of my appeal.

Date _____