CITY OF LOS ANGELES DEPARTMENT OF
CANNABIS REGULATION

BUSINESS PREMISES SURRENDER FORM

LIC-4019-FORM

DCR Record No.: _____

Instructions: This form is for Applicants and Licensees who need to remove a proposed or existing Business Premises location from their Application. **This form must be submitted within ten (10) business days of the termination of a lease, termination of the right to occupy the Business Premises, and/or loss of site control.** Once you have surrendered your previous Business Premises address, that location will no longer be included on DCR's Licensing Map or considered for distancing purposes under Los Angeles Municipal Code (LAMC) section 105 *et seq.*

Important: The submission of this form will permanently remove the Business Premises address from your Record, and it may not be reinstated. Submission of this form may have legal or business consequences depending on your lease agreements, prior business arrangements, and individual circumstances. It is recommended that you seek legal advice prior to the submission of this form.

Applicant Name: _____ ☐ Individual ☐ Entity
Business Premises Location:_____
CA Entity No. _____ FEIN No. _____

Initial both attestations below:

_____ I no longer have the right to occupy the Business Premises listed above and request its removal from my Record.

_____ I will submit a Business Premises Relocation Request once I have secured a new location. I understand that failure to submit a relocation request, provide requested information or documents, and/or pay all required fees may result in the abandonment of my Application.

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 ☐ Authorized Agent

_____	_____	_____
Name / Title	*Signature*	*Date*

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. If a Level 1 Owner is an entity, the CEO or President, or equivalent executive position, may sign on behalf of the entity.

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability, and upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities