



LIC-4022-FORM

Applicant Entity Name: _____

Business Premises Location: _____

DCR Record No.: _____

Instructions: This form serves to inform DCR about the appointment of a receiver pursuant to a court order. A receiver is an officer of the court that oversees a property or interest in receivership, such as a commercial cannabis business with a License or pending Application. As a general matter, a receiver is subject only to the court's direction and control. Subject to the court order, receivers may be authorized to sign and submit forms to DCR and communicate with DCR on behalf of an Applicant or Licensee, including, but not limited to, submitting modification requests, Application forms and documents, and renewal applications, and receiving or sending communications about the Application or License. This form must be submitted to DCR within 14 days of the appointment of a receiver pursuant to a court order. Failure to do so may result in processing or communication delays that may affect the License or Application. **The court order appointing or removing the receiver must be attached to this form.**

If you are a receiver, you must create an account with [Accela \(DCR Licensing Portal\)](#) and receive an ACA Reference Contact ID. Please use your ACA Reference Contact ID to fill out the form below.

Please note: Court-appointed receivers may be granted access to information concerning the Application, License, and/or commercial cannabis business, including, but not limited to, personal identifying information, business records, and any records submitted as part of an Application or renewal. Additionally, a court-appointed receiver may also receive communications about the License or Application, including, but not limited to, notices concerning the Application or License status.

PART 1: ADD COURT-APPOINTED RECEIVER

The following Individual is permitted to sign certain forms, submit documents and communicate with DCR on behalf of an Applicant Entity.

Name of the Court-Appointed Receiver: _____

ACA Reference Contact ID: _____

Date of Appointment: _____

Date Appointment Expires (if applicable): _____

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

Department of Cannabis Regulation

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PART 2: REMOVE COURT-APPOINTED RECEIVER

This Individual will be removed from the DCR record and will no longer be permitted to sign certain forms, submit documents or communicate with DCR on behalf of an Applicant Entity.

Name of the Court-Appointed Receiver: _____

ACA Reference Contact ID: _____

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.

I have read the Los Angeles Municipal Code (LAMC) sections 104.00 to 104.23. I have read DCR's Rules and Regulations. I understand that a violation of the LAMC and/or Rules and Regulations may result in the issuance of a Notice of Violation, including an associated fine or penalty, and/or the suspension or revocation of the license.

I will update DCR on the status of the receivership and, if applicable, submit this form to remove myself as a contact on this record when my appointment as receiver ends.

Please check one of the following and sign below.

Name / Title *Signature* *Date*

PLEASE NOTE: THE COURT ORDER APPOINTING OR REMOVING THE RECEIVER MUST BE ATTACHED TO THIS FORM.