



CITY OF LOS ANGELES DEPARTMENT OF™

# CANNABIS REGULATION

## LANDOWNER ATTESTATION: COMMERCIAL CANNABIS ACTIVITY

LIC-4007-FORM

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

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

DCR Record No. (if applicable): \_\_\_\_\_

**Instructions:** This form is required as part of the licensing process for a commercial cannabis business to obtain authorization to conduct commercial cannabis activities in the City of Los Angeles. This form requires that the property owner or their agent acknowledge that the Applicant has the right to occupy the property for the purpose of conducting commercial cannabis activity. This form must be signed by the property owner, an agent of the property owner, or if an entity owns the property, an officer of that entity. If signed by an agent or officer, a document or disclosure identifying the agent or officer must also be submitted.

I \_\_\_\_\_ acknowledge that \_\_\_\_\_ (Lessee/Applicant) has the right to occupy the Business Premises located at (all suite or unit numbers must be listed)

\_\_\_\_\_ for the purpose of conducting Commercial Cannabis Activity and that the Applicant is seeking a License from the Department of Cannabis Regulation. I also attest that I have not entered into any agreement or offered to lease the property to any other Applicant or potential Applicant.

I declare under the penalty of perjury under the laws of the State of California that the information presented in this form and its attachments are true and correct to the best of my knowledge. I have the authority to make the attestations contained within this form related to the property listed above.

\_\_\_\_\_  
*Individual's Name*                      *Property Owner or Agent's Signature*                      *Date*

\_\_\_\_\_  
*Title / Association with Property Owner*                      *Name of Owner/Entity (if applicable)*

\_\_\_\_\_  
*Phone Number*                      *Email Address*

\_\_\_\_\_  
*Property Owner or Agent's Business Address*