



LIC-4018-FORM

Instructions: This form is for Applicants or Licensees to designate the successor(s)-in-interest of their Equity Share of the Social Equity Applicant (business entity) on file with the Department of Cannabis Regulation (DCR). Los Angeles Municipal Code (LAMC) section 104.20(a)(2)(ii)(4) requires that a Social Equity Individual Applicant identify a natural person(s) as their own successor-in-interest or assignee. This form does not replace the requirement to include designated successor-in-interest language on all corporate documents subject to Equity Share review under LAMC section 104.20.

Please note: This form is for DCR's record-keeping purposes only. This form, on its own, may not meet the legal requirements to be a testamentary document (e.g., a will or trust), or to amend or supplement a testamentary document that has already been or may in the future be executed by a Social Equity Individual Applicant. Thus, **DCR recommends Applicants and Licensees to seek independent legal advice to ensure the person(s) designated on this form as the successor-in-interest will be legally entitled to inherit the Equity Share of a Social Equity Individual Applicant.** Please note that a License may be subject to denial or revocation if the designated successor-in-interest of the deceased Social Equity Individual Applicant does not inherit the deceased's interest in the Social Equity Applicant or Licensee.

A. OWNER INFORMATION

Social Equity Individual Applicant Name: _____

Social Equity Applicant (Business Entity Name): _____

Accela Reference ID Number: _____

DCR Record No.: _____

I hereby declare that my ownership and Equity Share in the Social Equity Applicant, below, shall transfer to my successor-in-interest(s) ("Beneficiary") upon my death:

Beneficiary #1 Name: _____

Beneficiary #1 Address: _____

Beneficiary #1 Phone Number: _____

Percentage of Social Equity Applicant assigned to Beneficiary #1: _____

Beneficiary #1 Accela Reference ID Number: _____

Beneficiary #2 Name: _____

Beneficiary #2 Address: _____

Beneficiary #2 Phone Number: _____

Percentage of Social Equity Applicant assigned to Beneficiary #2: _____

Beneficiary #2 Accela Reference ID Number: _____

****If there are more beneficiaries, please attach additional pages****

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

