

SOCIAL EQUITY SUCCESSOR-IN-INTEREST DESIGNATION FORM

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 <u>not</u> inherit the deceased's interest in the Social Equity Applicant or Licensee.**

If there are more beneficiaries, please attach additional pages

Beneficiary #2 Phone Number:

Beneficiary #2 Accela Reference ID Number:

Beneficiary #2 Address:

Percentage of Social Equity Applicant assigned to Beneficiary #2:

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

B. SOCIAL EQUITY INDIVIDUAL APPLICANT ATTESTATION

By signing below, I declare the following under penalty of perjury: I am the Social Equity Individual Applicant on record and that I have the authority to transfer my Equity Share interest to my successor-in-interest upon my death. The designated successor(s)-in-interest on this form is the same as in the corporate documents for the Social Equity Applicant business entity and any relevant will or trust documents.

Additionally, I declare under penalty of perjury that the statements contained in this form and any attachments are complete and true to the best of my knowledge. I understand that submission of false or misleading information, or the failure to disclose a material fact, may result in denial of my License Application, administrative action or penalties, and/or revocation of authorization to conduct commercial cannabis activities.

Please sign below.		
Social Equity Individual Applicant	Signature	 Date
C. BENEFICIARY ATTESTATION		
By signing below, I declare the following up the terms of receipt of the Equity Share guarantee that I actually will obtain owners have to comply with all relevant local laws Equity Share designated in this form, windemnification agreement with DCR. With identified herein, I will notify DCR of the deinformation, forms or documents required and Additionally, I declare under penalty of perjuare complete and true to the best of my information, or the failure to disclose a administrative action or penalties, and/or Activities. I understand that withdrawal of a continue a proceeding for the denial of the	interest. I understand that the ship of the Social Equity Applications in and rules and regulations if which may include, but is refundant in a social Equity Application and a social Equity Application of authorization an application shall not deprivating the Social Equity I understand the statements contains an application shall not deprivation of authorization an application shall not deprivation of authorization and application shall not deprivation of authorization and application and application and regulation and application and regulation and application and regulation and regu	the execution of this form does not cant business. I understand that I will fonce I come into possession of the not limited to, the execution of an e Social Equity Individual Applicant of the death certificate, and any other and in this form and any attachments at submission of false or misleading denial of my License Application, to conduct Commercial Cannabis we DCR of its authority to institute or
denying the license upon any such ground		brovided by law of to efficient an order
Please sign below:		
Beneficiary Name	Signature	Date
Beneficiary Name	Signature	 Date