



LIC-4023-FORM

DCR Record No.: _____

Tier 3 Applicant Entity Name: _____

Business Premises Location: _____

Instructions: This attestation form is intended to support compliance with Los Angeles Municipal Code (LAMC) Section 104.20(c)(2) and (3) regarding Tier 3 Social Equity Program requirements.

I _____ (Owner name) attest that I have read LAMC Section 104.20, *et seq.*, and I understand that I am required to comply with its requirements, including, but not limited to, the following for a **minimum of three years**:

1. **Ancillary Business Costs.** Tier 3 Applicants shall provide security, management, equipment and other ancillary business costs to a Social Equity Individual Applicant. (LAMC section 104.20(c)(3)(i)(1).)
2. **Education and Training.** Tier 3 Applicants shall provide a minimum of 50 hours per year in business development education and training to a Social Equity Individual Applicant, which may include accounting, inventory management, payroll practices, tax preparation, employee recruitment, retention and workforce outreach, or reporting requirements training. (LAMC section 104.20(c)(3)(i)(2).)
3. **Property Assistance.** Tier 3 Applicants shall provide property support to a Social Equity Individual Applicant in one of the following ways:
 - a. Provide property, at no cost and inclusive of utilities, within the Tier 3's Business Premises location, which meets the space requirements of LAMC section 104.20(c)(3)(i)(3); **or**
 - b. Provide property, at no cost and inclusive of utilities, at an off-site location established as a separate Business Premises for the Social Equity Individual Applicant, which meets all of the conditions specified in LAMC section 104.20(c)(3)(i)(4); **or**
 - c. Provide property support in the form of leased space payments made directly to the Social Equity Individual Applicant and calculated according to LAMC section 104.20(c)(3)(i)(5). (See also LAMC section 104.20(c)(3)(i)(6).)

Please check one of the following statements and provide the information requested, if applicable:

- I have started compliance with the Tier 3 Program Requirements. (Attach any documentation.)
- I have a plan to begin compliance and will begin prior to the issuance of an Annual License.

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

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>Name / Title</i>	<i>Signature</i>	<i>Date</i>
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Signature instructions: This form requires a notarized signature from the Authorized Agent designated on the Authorized Agent Acknowledgement (LIC-4009-FORM). If an Authorized Agent has not been designated, notarized 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.

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On _____ before me, _____ (insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)