



LIC-4002-FORM

Instructions: Applicants for the Public Convenience and Necessity (PCN) process must complete and submit this form to each stakeholder type as required in Los Angeles Municipal Code Section 104.03(a)(1)(iii).

Date: _____

Type of Stakeholder: Chamber of Commerce Neighborhood Council LAFD
 Substance Abuse Intervention, Prevention and Treatment Organization

To: _____
(Name of Stakeholder, i.e. Sherman Oaks NC)

Stakeholder Address: _____

Attention: _____
(Individual Name/Contact)

RE: CITY COUNCIL TO CONSIDER REQUEST FOR PUBLIC CONVENIENCE OR NECESSITY (PCN) FINDING; COUNCIL FILE NO. _____

Dear Stakeholder,

Pursuant to Los Angeles Municipal Code (LAMC) Section 104.03(a)(1), an Applicant seeking to apply for a Commercial Cannabis Activity License in a Community Plan Area that has reached Undue Concentration, as defined in LAMC Section 104.01(a). As part of the Public Convenience and Necessity (PCN) process, an Applicant seeking to apply in an area of Undue Concentration is required to engage with and seek input from your organization.

On _____, a PCN Request Form was submitted to the Department of Cannabis Regulation (DCR). After DCR reviews the PCN Request Form and all applicable fees are paid, the request will be transmitted to the City Council. The City Council will either approve or deny the request.

If you would like to submit any comments and/or documents to the City Council pertaining to this request, you may do so at: LACouncilComment.com.

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

Request for Stakeholder Input

Please be advised that stakeholders may make recommendations on potential operating conditions, such conditions may only be imposed by either the Department of Cannabis Regulation or Cannabis Regulation Commission and only to address public safety concerns. (LAMC §§ 104.06(b)(2), 104.06(c)(2).)

Information regarding the proposed Commercial Cannabis Activity associated with this PCN request:

Business Premises Location: _____

Community Plan Area: _____ CD: _____

Applicant Name: _____

Applicant's Phone No. _____; Email: _____

Total Floor Area of Business: _____ square feet

Proposed Hours of Operation: _____ Days: _____

_____ Days: _____

_____ Days: _____

If you have any questions, please contact the Applicant's representative:

Name: _____

Phone: _____

Email: _____

Requester's Name

Requester's Signature

Date