

DEPARTMENT OF CANNABIS REGULATION

ATTESTATIONS FOR NON-RETAILER APPLICANTS

Instructions: Los Angeles Municipal Code (LAMC) section 104.08(a) requires applicants applying to the Department of Cannabis Regulation (DCR) for Temporary Approval to conduct non-retailer commercial cannabis activity to prove and attest to certain eligibility qualifications. Applicants must also provide supporting documentation to evidence some of the eligibility criteria. Please see **Guidelines to Establish Eligibility Pursuant to LAMC Section 104.08 v2** for general guidelines concerning the types of documents that DCR may accept to prove these criteria.

By signing this form and providing the supporting documentation, you are certifying under penalty of perjury that the information you supply is true and accurate to the best of your knowledge.

**Pursuant to LAMC section 104.08(a) and under penalty of perjury, I, _____
(Applicant) attest that the following is true and accurate:**

1. Prior to January 1, 2016, Applicant was engaged in the same Non-Retailer Commercial Cannabis Activity that it now seeks Temporary Approval to conduct.
2. Applicant was a supplier to an Existing Medical Marijuana Dispensary (EMMD) prior to January 1, 2017.
3. Applicant agrees to indemnify the City of Los Angeles (City) from potential liability.
4. Applicant has or will enter into an agreement with a testing laboratory for testing of all Cannabis and Cannabis products.
5. Applicant tests its Cannabis and Cannabis products in accordance with State standards.
6. Applicant will cease all operations if denied a License by the State or City.
7. Applicant qualifies under the Social Equity Program.
8. Applicant will comply with all operating requirements imposed by DCR. Applicant understands that DCR may immediately suspend or revoke Temporary Approval for failure to abide by any City operating requirement.

In addition to making these attestations, Applicant has or will submit documentation to evidence:

1. Applicant was engaged in the same Non-Retailer Commercial Cannabis Activity that it now seeks Temporary Approval to conduct.
2. Applicant was a supplier to an EMMD prior to January 1, 2017.
3. Applicant qualifies under the Social Equity Program.
4. Applicant has or will submit an executed copy of the required Indemnification Agreement.

SIGNATURE OF APPLICANT OR DULY-AUTHORIZED AGENT

Date: _____

Print Name: _____

Title: _____

Business Entity/DBA: _____

Business Tax Registration Certificate (BTRC) No.: _____

Business Premises Address: _____