

CITY OF LOS ANGELES

MEDICAL MARIJUANA DISPENSARY BUSINESS INFORMATION FORM

INTERIM CONTROL ORDINANCE NO. 179027

INSTRUCTIONS

1. The Business Information Form and all documentation must be submitted within 60 days of the effective date of the Interim Control Ordinance No. 179027, by **November 13, 2007, 5:00 p.m.** If the last day to file falls on a weekend or an official City holiday, the last day to file will be the following workday.
2. Complete the Business Information Form and attach all required documents (refer to the Form for a complete list of documents).
3. Submit the Business Information Form and document copies with the Office of the City Clerk. There is no filing fee.

Medical Marijuana Business Information Forms are available at the following locations:

Office of the City Clerk
City Hall, Room 395
200 North Spring Street
Los Angeles, CA 90012

Hours: 7:30a.m. - 5:00p.m. Monday through Friday

City of Los Angeles website: <http://cityclerk.lacity.org/>

Form and Document Submittal

- The Office of the City Clerk accepts the Business Information Form and document copies. A submittal package includes a completed Form and copies of each of the required documents listed below. Incomplete packages will not be accepted.
- Documents must have an effective date prior to **September 14, 2007**, the effective date of the Interim Control Ordinance.
 - The documents being requested for filing are normally required for business operations of a Medical Marijuana Dispensary. These documents demonstrate a dispensary was open and operational as of the effective date of the Interim Control Ordinance.
- The Form and documents must be submitted at the public counter in the Office of the City Clerk in City Hall, Room 395 after September 14, 2007.

**MEDICAL MARIJUANA DISPENSARY
BUSINESS INFORMATION FORM**

Business Name	Telephone Number
Street Address, Unit #	
City, State, Zip	
Business Owner	Telephone Number
Business Operator/Manager	Telephone Number

Fill out the information form above and attach the following documents.

- a. City of Los Angeles Tax Registration Certificate
- b. State Board of Equalization seller's permit
- c. Property lease or documentation of ownership
- d. Business insurance
- e. Dispensary membership forms (blank)
- f. Los Angeles County Health Department permit (if needed)

Signature

Date

I certify that to the best of my knowledge and under the penalty of perjury, that the information contained on this Medical Marijuana Dispensary Business Information Form is correct.

I further certify that to the best of my knowledge and under the penalty of perjury, that attached documents are correct and true.