



## AUTHORIZATION FOR FIRE LIFE SAFETY INSPECTION

CANNABIS UNIT INSPECTION -- DIRECT PRE-PAYMENT

Address: 200 N. Main St. 17th Floor, Los Angeles, CA 90012

CAN- Number

## CONTACT INFORMATION

LAFD Cannabis Unit

Phone: (213) 978-3009

Email: lafdcannabis@lacity.org

FOR CUSTOMER USE ONLY - Please complete this section and submit this form to lafdcannabis@lacity.org

Cannabis Activity: (please check all that apply)

Date: \_\_\_\_\_

Retail

Delivery

Distribution

Manufacturing

Cultivation

DCR Annual Application No.: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Bill to: \_\_\_\_\_

(if different from the Company Name above)

Billing Address: \_\_\_\_\_

(City, State, Zip)

I hereby request that a Fire Department Inspector schedule a fire life safety inspection for:

Site Address: \_\_\_\_\_

Address: \_\_\_\_\_

(City, State, Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Method:

Cash and/or Check

(Make check payable to City of Los Angeles )

Credit/Debit Card

(A non-refundable service fee will be charged by a third party for each credit card transaction. The service fee will be processed as a separate transaction. See below for contact information. Please do not include any credit card information on fax or email transmission )

For inspection inquiries, please call (213) 978-3009 or email lafdcannabis@lacity.org

For payment by phone, please call (213) 978-3995

For payment in-person, go to:

200 N. Main St. Rm 1620, Los Angeles, CA 90012.

For payment option inquiries, please email lafdreceipts@lacity.org

## FOUR HOUR MINIMUM CHARGE

In accordance with LAMC 104.19, I agree to pay the minimum fee of **\$1516.00** for the first **four (4) hours** to cover the initial inspection cost prior to the fire life safety inspection. Additional hours beyond the initial four hour minimum will be charged \$379.00 per hour. All hours are charged in whole hours. I further agree to be **charged through the original credit card used for this authorization** or be billed for any underpayment based on actual costs. A non-refundable service fee will be charged by a third party for each credit card transaction. The service fee will be processed as a separate transaction. Billed charges and all outstanding balances must be paid prior to any authorization for Fire Life Safety Inspection. A Claimant has one (1) year from date of service to request a refund of overpayment.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR FIRE PREVENTION BUREAU USE ONLY

Inspection District / Unit Number: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

(Print Name)

(Signature)

Telephone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

(Date/Time)

(Date/Time)

## Estimated Costs ( Pre-payment )

| Number of Hours       | Rate  | Number of Inspectors | Total          |
|-----------------------|-------|----------------------|----------------|
| 4 or less             | \$379 |                      | \$1516 minimum |
|                       | \$379 |                      |                |
|                       |       |                      |                |
| Total Estimated Costs |       |                      |                |

## FOR ACCOUNTING USE ONLY

Pre-payment received on: \_\_\_\_\_

Billing information verified by: \_\_\_\_\_

(initials &amp; date)

Customer account cleared by: \_\_\_\_\_

(initials &amp; date)

## Actual Costs

| Number of Hours    | Rate  | Number of Inspectors | Total          |
|--------------------|-------|----------------------|----------------|
| 4 or less          | \$379 |                      | \$1516 minimum |
|                    | \$379 |                      |                |
|                    |       |                      |                |
| Total Actual Costs |       |                      |                |

## Dept. Revenue Codes:

\_\_\_\_\_ FSA - 4126 Cannabis Inspection Fee

Credit Card Token Number: \_\_\_\_\_

RE No. \_\_\_\_\_

Date Invoiced \_\_\_\_\_

RF No. \_\_\_\_\_

Date Refunded \_\_\_\_\_

## Under / (Over) Payment

|             |  |
|-------------|--|
| For Billing |  |
| For Refund  |  |