

Trinity County
Cannabis Division
Applicant Release Form



Date: _____

Please Check One:

- Applicant is Transferring Cultivation License with Sale of Property
- Applicant is Transferring Cultivation License to Business Partner(s)
- Applicant is Transferring to Another Party unrelated to Sale of Property or to Business Partner(s)

I, _____

Applicant(s) of Cannabis Cultivation at APN _____

And Cannabis Cultivation File Number _____ (Three Digit Number) relinquish my rights and

interest to _____ (New Applicant(s)).

Transferring Applicant(s) Signature(s): _____

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.

State of _____ }

County of _____ }

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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)