



Trinity County
Planning and Building Department
Commercial Cannabis Cultivation

Business Disclosure Form

*Please list all owners of the business,
and at what percentage they own the business*

Business Name: _____

Owner's Name	Ownership Percentage

By signing below, I agree that this statement reflects the financial interests invested in my Cannabis Cultivation venture

Signature_____

Date_____

Signature_____

Date_____

Signature_____

Date_____

Please sign in blue ink to distinguish that this is an original document

Disclaimer: You have a responsibility to know if your property is restricted by Ordinance No. **315-823**. We will not issue a refund if your parcel is in violation of the ordinance.