



CCL: _____
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## Commercial Cannabis License (CCL) Transfer Form (Licensee(s) Release of Interest)

Please Check One:

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

CCL - _____	License Type:
Parcel Number(s):	
Parcel Address(es):	

### Current Licensee(s):

Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		
Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		

### Recipient of License Transfer:

This will be the main contact for any questions regarding this application, site inspections, and any other information. This name and the business name will appear on an issued license.

Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		
Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		



**TRINITY COUNTY  
PLANNING – CANNABIS**  
530 MAIN ST., PO BOX 2819  
PHONE – 530-623-1351  
WEAVERVILLE, CALIFORNIA 96093

CCL: \_\_\_\_\_

REV. 10/4/2022

The applicable fees established in Trinity Code section 17.43.090 are due at the time of filing of this request, as well as payment of any outstanding balance.

A complete application packet, including a Commercial Cannabis Indemnification Form and Commercial Cannabis Acknowledgement Form, each signed and executed by the recipient of the license, is required when filing this request.

By signing this transfer request, the **current licensee** agrees to release any applicable rights, results, authorities, entitlements, and deposits associated with this license.

By signing this transfer request, the **recipient of the license** agrees to assume and accept all rights, results, authorities, entitlements, commitments, conditions, and costs associated with the transfer of this license. Recipient of the license also acknowledges and agrees that the premises containing the cultivation site will be subject to inspection, and that providing false or inaccurate information to the County at any time may result in revocation of the license in addition to any applicable criminal penalties.

**CCL:** \_\_\_\_\_

**License Type:** \_\_\_\_\_

**License Transfer Fee:** \_\_\_\_\_

<b>For County Use:</b>
Date: _____
Verified By: _____
Receipt # _____

I, as the Current Licensee give permission to transfer the above referenced Trinity County Cannabis License to the Recipient of License Transfer.

**Current Licensee(s):**

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

**Recipient of License Transfer:**

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

The Signatures on this form **MUST** be accompanied by an acknowledgment from a notary public.



## 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) who name (s) is/are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by his/her/their signatures (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)

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