



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

CCL - _____

Trinity County Cannabis Division Agent’s Authorization Form

If an applicant wishes for another person to submit documents on their behalf, edit or view their Commercial Cannabis License then please fill out the agent’s contact information and authorize with the applicant(s) signature(s) and date below. The applicant must submit written documentation requesting revocation to remove the agent’s authorization from the file.

AGENT’S/CONSULTANT’S CONTACT INFORMATION

Person or Business Name	Phone Number	Email
Mailing Address		
Company Website		
Person or Business Name	Phone Number	Email
Mailing Address		
Company Website		

APPLICANT(S) INFORMATION

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)		

APPLICANT’S SIGNATURE

<u>Applicant(s) must sign in blue wet ink.</u>		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

Note: Upon submission and review, staff may request more information before processing the application. Failure to include any of the required information may result in the rejection of your application and delay the processing of your license application or invalidate your approved license.