



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

## Trinity County Cannabis Division Equity Program Application and Eligibility

### APPLICANT CONTACT INFORMATION

This will be the mail contact for any questions regarding this application. This name must be the same applicant as the current or future County Cultivation License (CCL) holder and cannot be a business entity.

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

### COUNTY CULTIVATION LICENSE INFORMATION

CCL - \_\_\_\_\_

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

Site Address(es)
Parcel Number(s)

### CANNABIS BUSINESS INFORMATION

- Sole Proprietorship                       Limited Liability Company  
 General Partnership                       Limited Partnership                       Limited Liability Partnership

Legal Business Name	Doing Business As (DBA)
Fictitious Business Name (If Applicable)	Percent Ownership

### RESIDENCY STATUS

- I am a current resident of Trinity County  
 Number of Years: \_\_\_\_\_  
 I am NOT a resident of Trinity County

Please attach proof of residency.  
Acceptable documentation includes Post Office  
Box receipt, utility bill, voter registration, etc.



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## IMPACTED BY TAA LAWSUIT

- I possessed an, active and in good standing, Trinity County Cultivation License on June 1, 2022
- I did NOT possess an, active and in good standing, Trinity County Cultivation License on June 1, 2022

## INCOME INFORMATION

PLEASE INDICATE YOUR 2021 INCOME: \_\_\_\_\_

Family Size: \_\_\_\_\_  
Please indicate the number of people in your household who are supported by your income.

Please attach documentation of household income. Acceptable forms of documentation include tax returns, Current CalFresh certifications, etc.

- I have school age children enrolled in Trinity County Schools
- I do NOT have school age children enrolled in Trinity County Schools

## ARREST, CONVICTION OR ASSET FORFEITURE

- I was arrested for a non-violent cannabis related offense
- I was convicted of a non-violent cannabis related offense
- I was subject to asset forfeiture from a cannabis related event
- None of the Above

Please provide documentation of arrest, conviction or asset forfeiture between 1996 and 2016. Where documentation is unavailable, an individual can provide an attestation describing the circumstances.

## FAMILY ARREST OR CONVICTION

- I have a parent, sibling, child, or a guardian/member of my immediate household who was arrested for or convicted of the sale, possession, use, manufacture or cultivation of cannabis (including as a juvenile)
- Not applicable

Please provide documentation of arrest or conviction. Where documentation is unavailable, an individual can provide an attestation describing the circumstances.



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**LEGACY TRAUMA FROM CAMP RAIDS**

- I am an individual that was impacted by the CAMP raids in the 1980's
- I was NOT impacted by the CAMP raids in the 1980's
- Decline to answer

Please provide documentation or an attestation describing how you were impacted by the CAMP raids.

**MILITARY SERVICE**

- Yes, I am a veteran of the United States Armed Forces
- No, I am NOT a veteran of the United States Armed Forces
- Decline to answer

Please provide verification  
Acceptable documentation includes veteran ID card, DD-214, etc.

**VOLUNTEER ASSOCIATIONS**

Please provide verification of volunteer status within Trinity County

- Volunteer Firefighter
- Nonprofit Volunteer Association
- Community Service Volunteer
- I am not a volunteer

**PREVIOUS CANNABIS CULTIVATION (PROP 215 or SB 420)**

- Yes, I previously cultivated cannabis under either Prop 215 or SB 420
- No, I am NOT previously cultivated cannabis under either Prop 215 or SB 420
- Decline to answer

Please provide verification.  
Acceptable documentation includes Sellers Permit, Collective Agreement, tax documents, etc.

**EMPLOYEE CONSIDERATION**

- I will have employees
- I will NOT have employees
- Decline to answer

If you will have employees provide us with how many:

Full Time employees: \_\_\_\_\_ Local employees: \_\_\_\_\_  
Part Time employees: \_\_\_\_\_ Seasonal employees: \_\_\_\_\_



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## GENDER

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Male/Man     | <input type="checkbox"/> Nonbinary         |
| <input type="checkbox"/> Female/Woman | <input type="checkbox"/> Not Listed: _____ |
| <input type="checkbox"/> Transgender  | <input type="checkbox"/> Decline to answer |

## RACE/ETHNICITY

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White/Caucasian                           |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Not Listed: _____                         |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Decline to answer                         |

## SEXUAL IDENTITY/ORIENTATION

- |  |  |
|--|--|
| <input type="checkbox"/> Bisexual              | <input type="checkbox"/> Pansexual         |
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Not Listed: _____ |
| <input type="checkbox"/> Homosexual/gay        | <input type="checkbox"/> Decline to answer |

## AFFIRMATION AND CONSENT

**Applicant must sign in wet blue ink only, no electronic signatures.**

I declare under penalty of perjury, under the State of California, all information provided in this application and provided in all attachments is true and correct. I certify this application has been completed to the best of my knowledge. I also acknowledge it is my responsibility to comply with the provisions of the Trinity County Code and all laws, rules and regulations which govern my application to be eligible for the Cannabis Local Equity Program. I acknowledge and understand including any false, misleading or fraudulent information in this application may cause my Trinity County Equity Eligibility Application or award to be revoked, and the County may seek any or all available actions against me.

\_\_\_\_\_  
Applicant Signature (Required)

\_\_\_\_\_  
Date