



**TRINITY COUNTY**  
**COMMUNITY DEVELOPMENT SERVICES**  
**PLANNING DEPARTMENT**  
 P.O. BOX 2819, WEAVERVILLE, CALIFORNIA 96093  
 PHONE (530) 623-1351 ♦ FAX (530) 623-1353

**Kim Hunter, Director**

**ACKNOWLEDGEMENT FORM**  
**NEW 2021 COMMERCIAL CANNABIS LICENSE APPLICANTS**

Site Address: \_\_\_\_\_

APN: \_\_\_\_\_

CCL Application #: \_\_\_\_\_

The Trinity County Planning Department Cannabis Division has accepted a commercial cannabis cultivation license (CCL) application for the property identified above. Your application will be processed in the order it has been received. New CCL applications will not be reviewed prior to existing CCL renewal applications or pending applications received in 2019 and 2020. A completed Appendix C Environmental Checklist must be submitted to complete the applications review process once the Planning Department begins accepting these documents.

Prior to issuance of the CCL, the Appendix C Environmental Checklist will be reviewed and a Compliance Determination must be issued. The Compliance Determination will demonstrate that the cultivation site associated with the CCL applications is in compliance with the County’s Commercial Cannabis Program Environmental Impact Report (PEIR) that was prepared in accordance with the California Environmental Quality Act (CEQA).

**Acknowledgement of Applicant**

I understand that while my CCL application has been accepted by the Trinity County Planning Department that processing of the application will not occur until existing CCL renewal applications and pending applications from 2019 and 2020 are processed. I also understand that prior to the issuance of my CCL, a Compliance Determination must be issued to demonstrate the cultivation site and the proposed operations are compliant with CEQA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Acknowledgement of Authorized Representative:**

As the applicants authorized representative, I understand the above provisions regarding new license applications.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

SCAN AND SAVE COPY IN ELECTRONIC FILE AND KEEP ORIGINAL WITH APPLICATION

9/20/2021