



Commercial Cannabis Cultivation License (CCL) Application Checklist

REQUIRED ATTACHMENTS

	Commercial Cannabis Cultivation License (CCL) Application Form (Pages 2 – 5)	(R)
<input type="checkbox"/>	Up to Date Site Plan	
<input type="checkbox"/>	Building Structure List (Page 8)	
<input type="checkbox"/>	Agent's Authorization Form (if applicable) (Page 9)	
<input type="checkbox"/>	Acknowledgement Form (Page 10)	(R)
<input type="checkbox"/>	Indemnification Form (Page 11)	(R)
<input type="checkbox"/>	Material Use Acknowledgment Form (Page 12)	
<input type="checkbox"/>	Authorization to Enter Private Property Form (Page 13)	(R)
<input type="checkbox"/>	If applicant is different than the owner of the parcel: <input type="checkbox"/> A notarized Lease Agreement that specifically allows for cultivation OR <input type="checkbox"/> A notarized Owner's Permission Form (Page 14-15)	
<input type="checkbox"/>	Copy of Property Owner(s) Photo IDs	
<input type="checkbox"/>	Copy of Property Deed(s)	
<input type="checkbox"/>	Copy of Applicant's Photo IDs	
<input type="checkbox"/>	For Trusts: Attach list of Trustees that are authorized to execute improvements on property.	
<input type="checkbox"/>	<input type="checkbox"/> Proof of a finalized dwelling permit by the Building Department or Assessor's Office information that shows a grandfathered dwelling (built prior to 1972). Building Permit No.: _____ OR <input type="checkbox"/> Proof of issued building permit to construct a residence with an issued Director's Use Permit to occupy an RV during construction: Building Permit No.: _____ Director's Use Permit No.: _____	
<input type="checkbox"/>	Proof of legal sewage disposal system (municipal acct info/receipt or valid permit by the Environmental Health Division) Permit No.: _____ Year Finaled: _____	
<input type="checkbox"/>	Proof of legal water source (municipal account info/receipt, well report, well test, riparian claim, and/or rain catchment) Permit No.: _____ Year Finaled: _____	
<input type="checkbox"/>	If the proposed premises is located within a 350-foot radius of a permitted or grandfathered dwelling: <input type="checkbox"/> Initial Variance CCV No.: _____ OR <input type="checkbox"/> Annual Renewal Variance (Director's Use Permit) CCV No.: _____	
<input type="checkbox"/>	California State Water Resources Control Board (SWRCB) Notice of Applicability (NOA) No.: _____	
<input type="checkbox"/>	California Department of Tax and Fee Administration (CDTFA) Seller's Permit No.: _____	
<input type="checkbox"/>	Secretary of State Statement of Information (SOI) Form (for entities formed as corporations, including as an LLC)	
<input type="checkbox"/>	California Department of Fish and Wildlife (CDFW) Lake or Streambed Alteration Agreement <input type="checkbox"/> (LSAA) Proof of Enrollment (Draft or Final Agreement Will Be Required Prior to License Issuance) OR <input type="checkbox"/> Refund Letter	
<input type="checkbox"/>	<input type="checkbox"/> Submitted Appendix C OR <input type="checkbox"/> Tentative - Applicant Anticipates Submitting an Appendix C by 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.



Commercial Cannabis Cultivation License (CCL) Application

PARCEL INFORMATION

Parcel Number(s)		
Parcel Address(es)		
Zoning District(s)	General Plan Designation(s)	Zoning District Overlay(s)

APPLICANT(S) CONTACT INFORMATION

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)		

DO YOU HAVE AN AGENT OR CONSULTANT?

- Yes – Fill Out the Agent’s Authorization Form
 No – Agent’s Authorization Form Not Required

FOR OFFICE USE ONLY

Application Received by: _____

Date: _____

CCL No.: _____

Receipt No.: _____

COUNTY RECEIVED STAMP



LICENSE TYPE

	Cultivation Type	Mature Canopy Size	Fees
<input type="checkbox"/>	Specialty Cottage Outdoor	Up to 25 Mature Plants	\$750.00 License Fee + \$250.00 General Plan Update Fee = \$1,000.00 Total
<input type="checkbox"/>	Specialty Cottage Mixed Light	Up to 2,500 sq. ft.	\$1,500.00 License Fee + \$250.00 General Plan Update Fee = \$1,750.00 Total
<input type="checkbox"/>	Specialty Cottage Indoor	Up to 500 sq. ft.	\$2,000.00 License Fee + \$250.00 General Plan Update Fee =\$2,250.00 Total
<input type="checkbox"/>	Specialty Outdoor	Up to 5,000 sq. ft.	\$3,000.00 License Fee + \$1,000.00 General Plan Update Fee = \$4,000.00 Total
<input type="checkbox"/>	Specialty Mixed Light	Up to 5,000 sq. ft.	\$3,000.00 License Fee + \$1,000.00 General Plan Update Fee = \$4,000.00 Total
<input type="checkbox"/>	Small Outdoor	Up to 10,000 sq. ft.	\$5,000.00 License Fee + \$1,000.00 General Plan Update Fee =\$6,000.00 Total
<input type="checkbox"/>	Small Mixed Light	Up to 10,000 sq. ft.	\$5,000.00 License Fee + \$1,000.00 General Plan Update Fee =\$6,000.00 Total
<input type="checkbox"/>	Medium Outdoor	Up to 43,560 sq. ft. (1 Acre)	\$8,000.00 License Fee + \$1,000.00 General Plan Update Fee =\$9,000.00 Total

SELF-TRANSPORT OPTION

As Per Trinity County Code Section **17.43.030 (C)**: “All licensed cultivators within Trinity County can self-transport their own product to licensed distributors and/or manufactures as permitted by state law. Cultivators must obtain the appropriate state license permitting self-transportation within ninety days (90 days) of receiving permission from the County. Cultivators must indicate on their Trinity County application that they would like permission to self-transport. If so designated in the application, there will be no additional fees.”

By checking this box, you are requesting that Trinity County grant you permission to Self-Transport your own product for no additional fee. All licensed cultivators within Trinity County can transport their own product to licensed distributors and/or manufactures as permitted by State law.

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.



LIST OF PROPERTY OWNERS

Per Trinity County Code Section **17.43.060 (K)**: Any person who is not the legal owner of a parcel and who is cultivating commercial cannabis on such parcel shall provide written and notarized authorization from the legal owner of the parcel prior to commencing cultivation on such parcel.

Parcel Number(s)						
Parcel Address(es)						
Name		Email	Ownership %	Title		
Mailing Address			City		State Zip Code	
Name		Email	Ownership %	Title		
Mailing Address			City		State Zip Code	
Name		Email	Ownership %	Title		
Mailing Address			City		State Zip Code	

CANNABIS BUSINESS INFORMATION

- Sole Proprietorship Limited Liability Company General Partnership
 Corporation Limited Partnership Limited Liability Partnership
 Trust (attach list of Trustees that are authorized to execute improvements on property) Other:

Legal Business Name		Doing Business As (DBA)			
Fictitious Business Name (If Applicable)					
Business Physical Address		City		State	Zip Code
Mailing Address		City		State	Zip Code
Trinity County Physical Address		City		State	Zip Code
Business Website URL		Business Email Address		Phone Number	

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DEVELOPMENT STANDARDS DECLARATION

Is the proposed premises located within a 1000-foot radius of a youth-oriented facility, school, church or residential treatment facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the proposed premises located within a 500-foot radius of an authorized school bus stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If yes, have you turned in an initial variance CCV No.: _____ OR <input type="checkbox"/> variance annual renewal application CCV No.: _____	<input type="checkbox"/> OR <input type="checkbox"/>	
Is the proposed premises located within a 350-foot radius of a permitted or grandfathered dwelling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If yes, have you turned in an initial variance CCV No.: _____ OR <input type="checkbox"/> variance annual renewal application CCV No.: _____	<input type="checkbox"/> OR <input type="checkbox"/>	
Is the proposed premises located within an Opt-Out Area (as defined in TCC 17.43.050)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the proposed premises located within a Flood Hazard Zone? If so, which zone (500-year, 100-year or Regulatory Floodway)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the site have a grandfathered dwelling (Assessed pre-1972) or a permitted dwelling? (If pre-1972, please provide documentation to justify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the site have a permitted septic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the site have a permitted Well or other legal water source for cannabis use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AFFIRMATION AND CONSENT

Applicant(s) and Property Owner(s) must sign in wet blue ink only, no electronic signatures. Attach additional pages as needed.

Under penalty of perjury under the State of California, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed

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.



Site Plan Requirements

Your application for a cultivation License must include, at a minimum, an 8" x 11" site plan. The information shown on the site plan should be legible, drawn to scale (if applicable) and must show the following:

1. Property owner's name, property address and Assessor's Parcel Number(s) (APNs)
2. Applicant(s) name
3. Property site address
4. Legal parcel configuration clearly shown with *all* property boundaries, dimensions and acreage.
5. Scale (if applicable)
6. Facility location (building(s), size of building(s), and distance to property lines)
7. North arrow
8. Cultivation site location, license type, size of area with distance to property lines with applicable setbacks. Noted whether indoor/outdoor
9. Date prepared and prepared by clearly listed in the margin

Roadways

10. Adjacent streets, both public and private, and any access easements.
11. Distance from the centerline of any public or private roadway to property line.
12. Driveways, parking and loading areas, including the size of parking spaces and setbacks from property lines.
13. Access to site from nearest public road.

Structures

14. All existing structures clearly labeled with use, building permit number and distance from property line.
15. Proposed structure or additions (if applicable), clearly labeled with use and distance to property lines.
16. Location of any occupied residential structure located on a separate legal parcel with distance noted to the premises (as the term is defined in the County Code), including any processing facilities.
17. Fences and retaining walls (indicated height and material).

Utilities

18. Utility lines and public utility easements (power, water, sewer, etc.).

On-Site Septic

19. Existing and any proposed septic systems including leach field areas and secondary leach field areas (as applicable).

Water Source(s)

20. Water wells with distances to any structures, septic systems and property lines.
21. Water storage tanks (include size) and distance to property lines. (Do not include mixing or feeding tanks)
22. Springs, ponds, rainwater catchment and any other water source not stated.

Site/Habitat Conditions

23. Lakes and streams, to be identified with names if appropriate.
24. Flood Plain/Flood Way (if applicable)
25. Woodland area
26. Wetland/riparian area
27. Hedgerows
28. Ground disturbance area

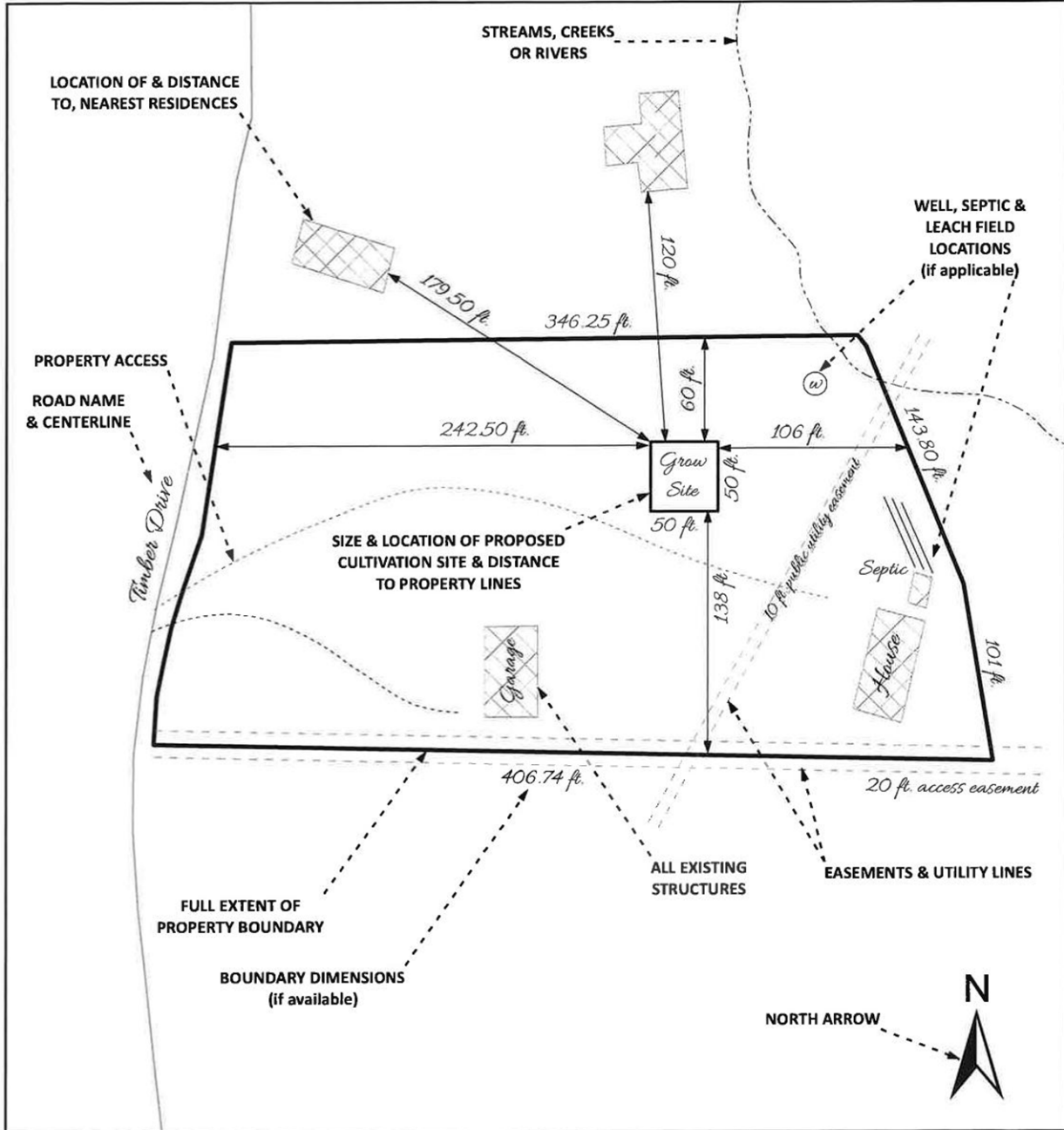
Site plans which **WILL NOT** be acceptable:

- Copies from the CALFIRE application
- Zoomed in site plan (only).
Zoomed in site plans must be accompanied by site plan showing legal parcel boundary.
- Copies of site plans previously used with approval signatures from previous building permits.
- Copies of previously used site plans with "white out" areas.

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Sample Cultivation Site Plan



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.



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. **This Agent Authorization is valid for ONE year and requires updating with subsequent renewal applications.** The applicant must submit written documentation requesting revocation to remove the agent’s authorization from the file.

APN: _____ **Site Address:** _____

AGENT’S/CONSULTANT’S CONTACT INFORMATION

Agent is authorized for: CEQA only Licensing/Admin only Both

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.



Commercial Cannabis Acknowledgement Form

The undersigned Applicant(s) and Property Owner(s) acknowledge and agree to the following:

1. Applicant(s) acknowledge that they cannot conduct cannabis related business with a non-licensed entity.
2. Applicant(s) will only employ individuals at least twenty-one (21) years of age, require a federal or state issued proof of identification be carried at all times on the subject parcel, and will comply with all applicable state and federal requirements for payment of payroll taxes, including federal and state income taxes and/or contribution for unemployment insurance, and state workers’ compensation liability law.
3. Applicant(s) and Property Owner(s) will comply with all applicable Local, State and Federal laws and regulations.
4. Applicant(s) and Property Owner(s) will comply with Local, State and Federal regulatory agencies.
5. Applicant(s) and Property Owner(s) consent to on-site inspections of their parcel by Trinity County officials and any other reviewing agencies, both before and after license issuance.
6. Applicant(s) and Property Owner(s) agree that all structures on the subject parcel will be built in accordance with applicable Trinity County Building Codes, Environmental Health Codes, and shall conform to any permit requirements.
7. Applicant(s) and Property Owner(s) acknowledge that the information provided with their application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
8. Applicant(s) and Property Owner(s) acknowledge that approval of the application does not provide any property rights or entitlements, and it does not guarantee that a permit will be issued years following.
9. Applicant(s) and Property Owner(s) acknowledge that the application fee is non-refundable - even if the land use request is canceled or abandoned.
10. Applicant(s) and Property Owner(s) acknowledge that, without a complete application, the application may be delayed or terminated if not remedied in a timely manner.
11. Applicant(s) and property owner(s) acknowledge that the Cannabis Division reserves the right to request additional information if necessary to complete review or processing of the application and confirm or promote conformance to ordinance-specific requirements and standards or conform to County policies and procedures.
12. Applicant(s) and Property Owner(s) acknowledge and understand that providing false or inaccurate information to the County at any time may result in denial or revocation of the license, in addition to any applicable criminal penalties.

<p>Under penalty of perjury, I assert that all information, documentation, and other records provided is true and correct to the best of my understanding and belief, and I agree to be bound by, and to fully and timely comply with, all of the foregoing terms and conditions.</p> <p><u>Applicant(s) and Property Owner(s) must sign in blue wet ink.</u></p>		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

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TRINITY COUNTY COMMUNITY DEVELOPMENT SERVICES INDEMNIFICATION FORM

The undersigned Applicant(s) and Property Owner(s) hereby agree to the following:

1. Applicant(s) and Property Owner(s) shall defend, indemnify, and hold harmless the County of Trinity (“County”), it’s elected and appointed officials, officers, employees, agents, contractors and volunteers from any and all claims, actions, proceedings, or liability of any nature whatsoever (including, but not limited to; any approvals issued in connection with any of the above described applications(s) by County; any action taken to provide related environmental clearance under the California Environmental Quality Act (“CEQA”) by County, its advisory agencies, boards, or commissions, including, but not limited to, appeals boards, Planning commission, or Board of Supervisors, arising out of, or in connection with, the County’s review or approval of the project or arising out of or in connection with the acts or omissions of the Applicant, its agents, employees or contractors, or relating to any damage to property or persons stemming from the project or the associated commercial cannabis activity. With respect to review or approval, this obligation shall also extend to any effort to attack, set aside, void or annul the approval of the project, including any contention that the project or its approval is defective because a County ordinance, resolution policy, standard or plan is not in compliance with local, state, or federal law. With respect to acts or omissions of the Applicant, its agents, employees or contractors, its obligation hereunder shall apply regardless of Whether the County prepared, supplied, or approved plans, specifications or both. The indemnification shall apply to any damages, costs of suits, attorney fees, or other expenses incurred by the County, its agents, officers, and employees.
2. The obligations of the Property Owner(s) and Applicant(s) under this Indemnification Form shall be a continuing obligation and shall apply regardless of whether the application or any permits, licenses, or entitlements, of any kind, are issued, approved, denied, expired, or terminated.
3. County shall have the absolute right to approve any and all counsel employed to defend the County. To the extent the County uses any of its resources to respond to such claim, action or proceeding, or to assist the defense, the Applicant will reimburse the County upon demand. Such resources include, but are not limited, staff time, court costs, County Counsel’s time at its regular rate for non-County agencies, or any other direct or indirect cost associated with responding to, or assisting in defense of, the claim, action or proceedings.
4. For any breach of this obligation, the County may rescind its approval of the project.
5. Applicant(s) shall not be required to pay or perform any settlement unless the settlement is approved in writing by the Applicant(s), which approval shall not be unreasonably withheld. County must approve any settlement affecting the rights and obligations of the County.
6. This agreement shall be construed and enforced in accordance with the laws of the State of California.
7. In any legal action or other proceeding brought by either party to enforce or interpret this Agreement, the venue shall be the Trinity County Superior Court.
8. Applicant(s) shall pay all court ordered costs and attorney fees.
9. The defense and indemnification of the county set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgements rendered in the proceedings.
10. Nothing in this Agreement shall be construed to limit, direct, impede, or influence the County’s review and consideration of the project.

APPLICANT’S SIGNATURE

I agree to be bound by and to fully and timely comply with, all the foregoing terms and conditions. Applicant(s) and Property Owner(s) must sign in blue wet ink.		
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.



Trinity County Cannabis Division Material Use Acknowledgment Form

List any fertilizers, pesticides, rodenticides, herbicides, fuels, petroleum, solar batteries, or any other concerning product being stored on the property.

Type (ex: Fuel, Fertilizer, etc.)	Name of Material (ex: Fox Farm Soil, Bonide Neem Oil, etc.)	Amount Stored (lb./oz./ltr.)	Active Ingredients (Phosphorus, Potassium, Pyrethrin, Sulfur, etc.)

Applicant(s) must sign in wet blue ink only. Attach additional pages as needed.

Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed

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Trinity County Cannabis Division Authorization to Enter Private Property

The Trinity County Planning Department, as the lead agency, performs an environmental evaluation as required by the California Environmental Quality Act (CEQA) which necessitates entry onto the property so that the property can be inspected and relevant information can be verified. In addition, other State and local reviewing agencies also perform responsible and trustee roles under CEQA which require inspection of the property. The comments received from these agencies assist the Cannabis Division in reviewing the environmental document for your project. In order for the Cannabis Division to perform the evaluation and verify compliance standards on your project, the Cannabis Division and any reviewing agency that will need to actually view the property in order to obtain all relevant information needed to process an application.

By signing this authorization to enter your property, you are granting the reviewing agencies access to your property for the purpose of evaluating your proposed project. The authorization is valid from the date the Cannabis Division receives notice of your proposed project and any monitoring periods thereafter.

After review and consideration of all of the foregoing terms and conditions, those who sign below hereby agree to be bound by, fully and timely comply, with all of the foregoing terms and conditions under penalty of perjury under the State of California. **Applicant(s) and Property Owner(s) must sign be original and in blue wet ink (no electronic signatures). Attach additional pages as needed.**

Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed

Applicants consent to compliance inspections as part of their application process. Inspections will be conducted by county officials during regular business hours Monday through Friday, nine a.m. to five p.m., excluding holidays. Applicants are permitted to participate in the inspection verification or monitoring. If possible, Trinity County will attempt to give twenty-four-hour notice of the inspection via telephone or email.

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Trinity County Cannabis Division Property Owner Permission Form and Affidavit

PARCEL INFORMATION

Parcel Number(s)
Premise Address(es)

LIST OF PROPERTY OWNERS (ATTACH ADDITIONAL PAGES IF NEEDED)

Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code
Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code
Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code

I hereby certify that I am the landowner or the landowner’s agent of the real property referenced above, where the premises is located, and authorized to complete this form. The above-mentioned applicant has the legal right to occupy the property and may conduct cannabis cultivation activity upon the property.

_____ Signature (Required)

_____ Date

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PRIMARY CONTACT INFORMATION (APPLICANT)

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)		

I, as the Property Owner(s) notated on this form give permission to the Applicant(s), in accordance with Trinity County's Cannabis Cultivation Ordinances.

<p>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.</p>	<h3>Acknowledgement</h3>
State of _____ }	
County of _____ }	
On _____ before me, _____ <small>Insert Name and Title of the Officer</small>	
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)	

Property owner signature: _____ Date: _____

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Initial CEQA Submission Project Cost Reimbursement Agreement

I, _____, the undersigned, hereby authorize the County of Trinity to process an initial CEQA for APN # _____ in accordance with the Trinity County Code 2.64.050. I am submitting an initial CEQA document for a new CCL. I am paying \$2500.00 as the initial half down (**non-refundable**) to pay for County staff review, coordination, and processing costs related to my project request based on actual staff time expended and other costs, including, but not limited to, costs for outside consultants' services, legal review, and materials and equipment.

For the purposes of this agreement, a project is a broad category of County staff services, including, but not limited to, permit applications, projects, agreements, entitlements and referral requests.

In making this initial deposit, I acknowledge and understand that **the initial deposit may only cover a portion of the total project processing costs and additional deposits may be required to cover the total project processing costs. Actual costs for staff time are based on hourly rates adopted by the Board of Supervisors in the most current Trinity County Salary Schedule, in addition to other allowable direct and indirect costs. Actual Costs may also include other costs, such as consultant costs. I also understand and agree that I am responsible for paying these costs even if the project is withdrawn, not approved, or appealed.** I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Time spent by Trinity County staff in processing my requested project and any outside costs will be billed against the available deposit. **"Staff time" includes, but is not limited to, time spent reviewing project materials, researching/procuring and/or reviewing necessary background documentation, producing/researching/drafting any necessary environmental and/or regulatory agency documentation, accounting and financial services, site visits, responding by phone or correspondence to inquiries from the project proponent, the project proponent's representatives, neighbors and/or interested parties, producing public/tribal notifications, attendance and participation at meetings and public hearings, preparation of staff reports and other correspondence, processing of any appeals, responding to public records act requests or responding to any legal challenges related to the project. "Staff" includes any employee of the Trinity County Cannabis Division and/or the Office of the County Counsel. Other costs may include outside services used, such as consultant charges. This agreement does not include other agency review fees or fees collected by other divisions that may charge separately for their review (such as Building permit fees and Environmental Health fees) or other required flat rate fees and charges.**
2. I agree to pay all costs related to project condition compliance as specified in any conditions of approval for my project.

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**TRINITY COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT – CANNABIS DIVISION**

530 MAIN ST., PO BOX 2819
PHONE – 530-623-1351
WEAVERVILLE, CALIFORNIA 96093

CCL - _____

3. I understand that approval of my project may result in additional fees including, but not limited to, filing fees, and other County permit application fees.
4. Staff will review the project description; scope of County staff work or application for completeness and provide me with a good faith estimate of the full cost of processing the permit. The good faith estimate is not a guarantee of maximum costs.
5. Cost statements (based on frequency of activities) showing the costs applied, and the available balance may be provided in lieu of monthly statements. I will be asked to replenish the deposit as needed to maintain a positive balance through the life of the project until final approval.
6. I understand that the County desires to avoid incurring permit processing costs without having sufficient funds on deposit. If staff determines that inadequate funds are on deposit for continued processing (usually less than 20% of the initial deposit), staff will notify me in writing and request an additional deposit amount estimated necessary to complete processing of my project, no less than 50% of the original deposit. I agree to submit sufficient funds as requested by staff to process the project through the life of the project until final approval within 30 days of the request.
7. If the final cost is less than any additional deposits requested by the County and funds remain on deposit, the unused portion of the additional deposit will be refunded to me within approximately 90 days of final project action.
8. If the final cost is more than the available deposit, I agree to pay the difference within 30 days of final project action or prior to ground disturbance and/or building permit issuance.
9. I understand, if I fail to pay any invoices or requests for additional deposits within 30 days, the County may either stop processing my project, consider my project withdrawn, or, after providing notice to me, deny my project. If I fail to pay any invoices after my project is approved, I acknowledge that my project may not vest and may expire, or may be subject to revocation.
10. Any staff decision to deny, expire, revoke or otherwise invalidate a project will be based on the review and approval by the Director of the Trinity County Cannabis Division. I have the administrative right to appeal any such decision or action to the County Board of Supervisors for a hearing.
11. I agree to pay for any County consultant costs related to my project. If the County determines that any study submitted by the project proponent requires a County-contracted consultant peer review, I will pay the actual cost of the consultant review. These costs may vary depending on the complexity of the analysis. Selection of any consultant shall be at the sole discretion of the Trinity County Cannabis Division. The estimated cost shall be paid prior to the County initiating any work by the consultant.

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.



**TRINITY COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT – CANNABIS DIVISION**

530 MAIN ST., PO BOX 2819
PHONE – 530-623-1351
WEAVERVILLE, CALIFORNIA 96093

CCL - _____

12. I agree to pay the actual cost of any public notices or filing fees for the project as required by State law and local ordinance.
13. I understand that if I fail to pay costs that I may be charged late fees, interest and collection costs. I furthermore agree to pay any late charges, interest and collection costs accrued as a result.

Name of Property Owner or Corporate Principal Responsible or Appointed Designee for Payment of all County Processing Fees (*Please Print Below*):

Name of Company or Corporation (*if applicable, Please Print Below*):

Billing Address of the Property Owner or Corporation responsible for paying processing fees (*Please Print Below*):

If a corporation, please attach a list of the names and titles of corporate officers authorized to act on behalf of the Corporation

Signature: _____ Date: _____

Email Address: _____ Phone: _____

ATTENTION – The applicant will be held responsible for all charges

To be completed by Administrative Staff:

CCL assigned: _____

Project Name, Permit Number, Work Order and/or Planning File Number and Project Request (*above*)

Receipt Number (*above*):

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.