Commercial Cannabis Cultivation License (CCL) Application Checklist

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

REQUIRED ATTACHMENTS





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** |
|  | Specialty Cottage Outdoor | Up to 25 Mature Plants | $750.00 License Fee  + $250.00 General Plan Update Fee  = $1,000.00 Total |
|  | Specialty Cottage Mixed Light | Up to 2,500 sq. ft. | $1,500.000 License Fee  + $250.00 General Plan Update Fee  = $1,750.00 Total |
|  | Specialty Cottage Indoor | Up to 500 sq. ft. | $2,000.00 License Fee  + $250.00 General Plan Update Fee  =$2,250.00 Total |
|  | Specialty Outdoor | Up to 5,000 sq. ft. | $3,000.00 License Fee  + $1,000.00 General Plan Update Fee  = $4,000.00 Total |
|  | 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 |
|  | Small Outdoor | Up to 10,000 sq. ft. | $5,000.00 License Fee  + $1,000.00 General Plan Update Fee  =$6,000.00 Total |
|  | 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 |
|  | 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.

# 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 | |

# Development Standards Declaration

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

**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**

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

**Structures**

1. All existing structures clearly labeled with use, building permit number and distance from property line.
2. Proposed structure or additions (if applicable), clearly labeled with use and distance to property lines.
3. 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.
4. Fences and retaining walls (indicated height and material).

**Utilities**

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

**On-Site Septic**

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

**Water Source(s)**

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

**Site/Habitat Conditions**

1. Lakes and streams, to be identified with names if appropriate.
2. Flood Plain/Flood Way (if applicable)
3. Woodland area
4. Wetland/riparian area
5. Hedgerows
6. Ground disturbance area

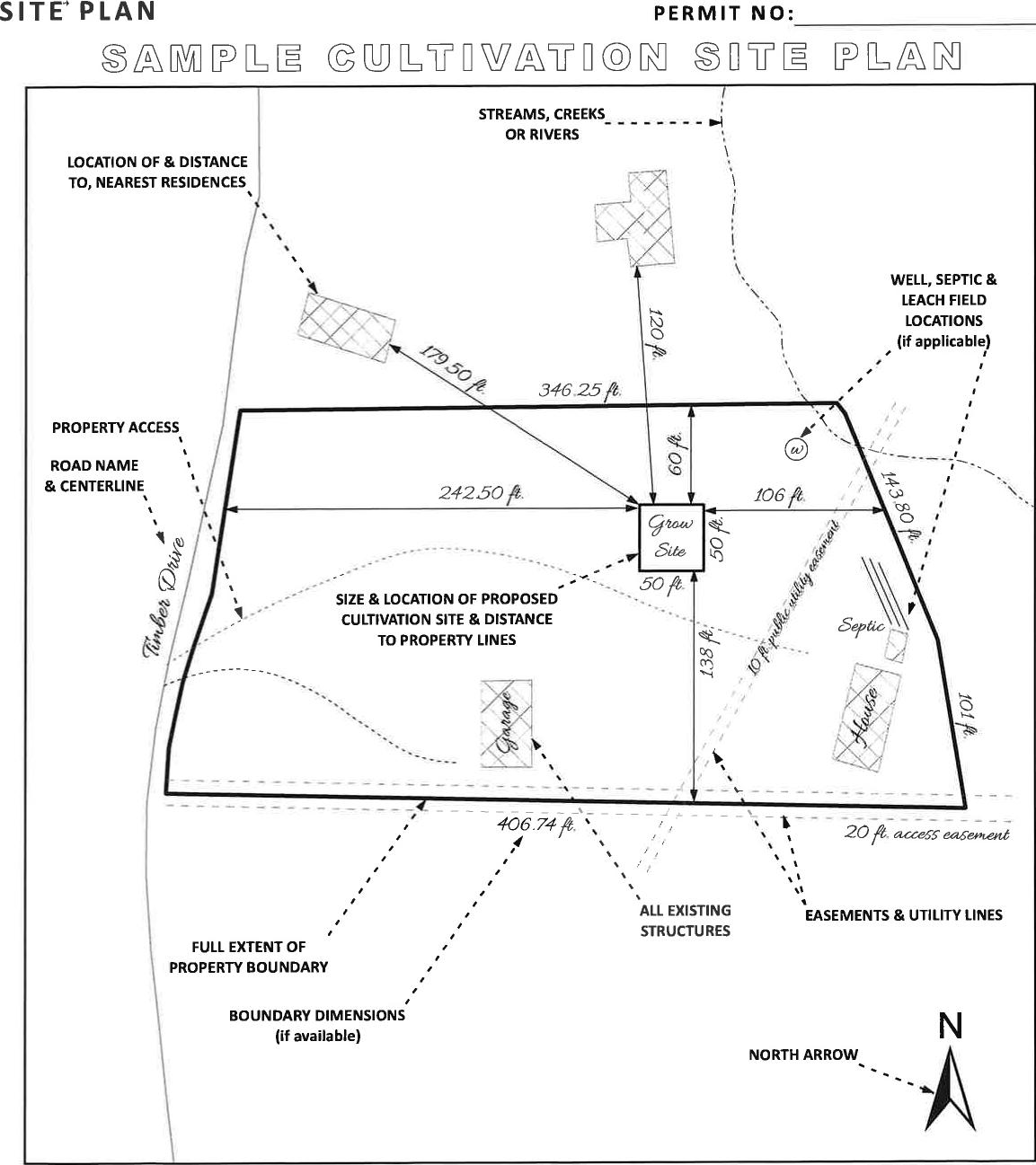
**Site plans which WILL NOT be acceptable:**

* 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.

**Sample Cultivation Site Plan**



**STRUCTURES LIST**

Please complete this form showing the building(s) and structures used in the operation. Failure to disclose all structures being used in your cannabis operations may cause delays in procuring your license or invalidate your approved license.

|  |  |  |  |
| --- | --- | --- | --- |
| **BUILDING**  (Identify the building on the site plan:1,2,3, etc.) | **BUILDING TYPE and USE** (Hoop house, Greenhouse, Processing, Cargo Container, Storage, Drying, Trimming, etc.) | **SIZE AND SQUARE FOOTAGE** | **BUILDING PERMIT NUMBER** |
| Example: Building #1 | Example: Hoop House, Immature Plants | Example: 20' x 40' - 800 sq. ft. | Example: BLDG20XX-XXXXX (NP for No Permit)  (PP For Proposed Permit) |
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| **POND(S)**  (Identify location on site plan) | **POWER SOURCE** (Identify location on site plan – indicate type: grid tie, solar, generator, wind power, etc.) | **WATER TANKS** (Identify location on site plan) | **GRADING** Permit Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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**

|  |  |  |
| --- | --- | --- |
| Applicant(s) must sign in blue wet ink. | | |
| Signature | Print Name | Date |
| Signature | Print Name | Date |
| Signature | Print Name | Date |

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.

|  |  |  |
| --- | --- | --- |
| **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.**  Applicant(s) and Property Owner(s) must sign in blue wet ink. | | |
| Signature | Print Name | Date |
| Signature | Print Name | Date |
| Signature | Print Name | Date |
| Signature | Print Name | Date |

Commercial Cannabis 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”), its 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 application(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 suit, 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 County set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgments 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.

|  |  |  |
| --- | --- | --- |
| **I agree to be bound by and to fully and timely comply with, all of 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 |
| Signature | Print Name | Date |

**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.) |
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| --- | --- | --- |
| 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 |

**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 |

**Trinity County Cannabis Division**

**Owner Permission Form**

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 Information**

|  |
| --- |
| Parcel Number(s) |
| Parcel Address(es) |
| License No. and Type |

**LIST OF PROPERTY OWNERS (Attach Additional Pages if needed)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parcel Number(s) | | | | | |
| Premise 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 |

**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) | | |

## **ACKNOWLEDGMENT**

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.

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)**