



# TRINITY COUNTY COMMERCIAL CANNABIS DISTRIBUTOR LICENSE APPLICATION

**SECTION A - APPLICANT/BUSINESS INFORMATION** Please provide the below business information for your cannabis license.

1. License Type Designation (Please check one):  
 Adult-Use (A-license)                       Medicinal (M-license)

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2. License Type (Please check ONE):  
 Distributor (Type 11)                       Distributor - Transport Only (Type 13)  
 Transports, arranges for testing, and conducts quality assurance review of cannabis goods.  
 A distributor - transport-only may not transport cannabis goods to a licensed retailer and may not engage in any other distributor activities.

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3. Business Organizational Structure (Please check ONE)  
 Sole Proprietorship                       Limited Liability Company                       General Partnership  
 Corporation (or foreign corporation)                       Limited Partnership                       Limited Liability Partnership

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4. Name (sole proprietor first and last, all other business types legal business name) | Doing Business As (DBA)

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5. Business Physical Address	City	State	Zip Code
Mailing Address (if different from premises address)	City	State	Zip Code
6. Trinity County Physical Address (if different from those above)	City	State	Zip Code
Trinity County Mailing Address (if different from those above)	City	State	Zip Code

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7. Business Website | Email Address | Phone Number

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8. Parcel Number(s): Put a comma between each parcel number

**SECTION B - PRIMARY CONTACT PERSON** This will be the contact for any questions regarding this application, including the business's compliance with the track and trace program.

9. Name	Title	Phone Number	Email Address
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**SECTION C - DECLARATIONS**

10. Is the proposed premises located within a 1000-foot radius of a school (K-12), day care center, or youth center?                       Yes                       No

11. Is the proposed premises located within a 500-foot radius of an authorized school bus stop?                       Yes                       No

12. Applicant's California Department of Tax and Fee Administration If no Seller's Permit, do you attest that you (applicant) are currently Seller's Permit Number, if applicable. \_\_\_\_\_ applying for one?                       Yes                       No

**SECTION D - LIST OF OWNERS** An owner is defined as a person with an aggregate ownership interest of 20% or more, chief executive officer, member of the board of directors of a nonprofit, or an individual participating in the direction, control, or management of the applicant. All business owners must be listed, including yourself. Attach additional pages if needed. Each owner is required to submit an Owner Submittal form.

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

**SECTION E - NON-OWNERS WITH A FINANCIAL INTEREST IN THE BUSINESS** (attach additional pages if needed)

14. Name	Date of Birth
Government ID Type	Government ID Number
Name	Date of Birth
Government ID Type	Government ID Number

**SECTION F - FICTITIOUS BUSINESS NAMES**

15. Business Name

Address	City	State	Zip Code
Business Name			
Address	City	State	Zip Code

**SECTION G - Licensing Fee Determination**

<b>Distributor Type 11</b>	<b>Distributor Transport Only Type 13</b>
\$6,000	\$2,000 Total
<u>\$1,000</u> for the General Plan Update	
<b>\$7,000 Total</b>	

*Continue to Section H*

*Continue to Section I*

**SECTION H - REQUIRED ATTACHMENTS/ DOCUMENTS FOR DISTRIBUTOR TYPE 11**

- Evidence of legal right to occupy and use the proposed premises location. (Deed, Lease, Rental Agreement, or other Contract)
- Premises Site Map
- Business formation documents, including all documents filed with the CA Secretary of State (SOS). Foreign corporations must include a copy of the Certificate of Qualification from the SOS.
- Transportation Plan
- Quality Control Plan
- Security Plan

**SECTION I - REQUIRED ATTACHMENTS/ DOCUMENTS FOR DISTRIBUTOR TYPE 13**

- Transportation Plan

**AFFIRMATION AND CONSENT**

Under penalty of perjury, 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
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Office Use Only  
Application Number:  
Receipt Number:

## **DISCLOSURES**

### **Mandatory Submission**

Submission of the requested information is mandatory unless otherwise noted on the application. Trinity County will use the provided information to determine qualification for licensure, per Ordinance 315-828. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

### **Social Security Number/Individual Taxpayer Identification Number**

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorizes the collection of an owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code. If a SSN or ITIN is not provided, the Bureau will not process the application and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

### **State Tax Obligation**

Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration (formerly the Board of Equalization (BOE)), and the Franchise Tax Board may share taxpayer information with the Bureau. A licensee or applicant must pay its state tax obligation; an applicant's license may be suspended if the state tax obligation is not paid.

### **Owner(s) Mailing Address(es)**

Trinity County sends all official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop.

Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Owner names, mailing addresses, licensing statuses, as well as formal disciplinary actions may be accessed on the Bureau website through the License Lookup feature. Please consider this, especially when listing a mailing address.

### **Premises Location**

Business and Professions Code section 26054(b) provides that a licensed premises "shall not be within a 1000-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, day care center, or youth center that is in existence at the time the license is issued, unless a licensing authority or a local jurisdiction specifies a different radius." The Bureau will determine as to whether the proposed premises is located in an area as described in the application and required documents.

### **Access to Personal Information**

You may review the records maintained by Trinity County that contain your personal information, as permitted by the Information Practices Act.

### **Public Information**

Trinity County makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, Trinity County discloses licensee information including, but not limited to:

- Name
- Mailing address
- License number
- License status
- Original license issue date
- Last license renewal date
- License expiration date
- Disciplinary action
- Copy of license renewal applications
- Copy of license application (excluding personal information such as birth date and social security number)