



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES
860 NORTH BUSH STREET • UKIAH • CALIFORNIA • 95482
120 WEST FIR STREET • FT. BRAGG • CALIFORNIA • 95437

Brent Schultz, Director
Planning and Building Services
Phone: 707-234-6680
FAX: 707-463-5709
cannabisprogram@mendocinocounty.org

For Office Use Only

Accepted By: _____
Date: _____
Receipt number: _____
Old AGR number: _____

CANNABIS CULTIVATION ANNUAL PERMIT RENEWAL APPLICATION

(Rev. 9/30/2020)

Current Mendocino County Cannabis Permit Number (AG_XXXX-XXXX):	
Existing Permit Type (if multi-type, include square footage of canopy area for each type – must not exceed maximum allowed):	<input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> CB <input type="checkbox"/> C Multi-type: _____ <input type="checkbox"/> 1 <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1 Multi-type: _____ <input type="checkbox"/> 2 <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 2 Multi-type: _____ <input type="checkbox"/> 4N/S
Cultivation Site Address:	Street: _____ City: _____ State: <u>CA</u> Zip: _____
Parcel Number(s):	
Applicant Name (must match existing permit):	
Mailing Address:	Street: _____ City: _____ State: _____ Zip: _____
Phone Number:	
Email:	

RENEWAL APPLICATION INFORMATION

Please read each option and check the box most applicable.

1. Request for Permit Type Change:

- ☐ I request to change my permit type at renewal to _____. I have attached an updated Cannabis Cultivation Permit Application, an updated Cultivation & Operations Plan, and an updated site plan as required.
- ☐ I do not want to change my permit type.

2. Cultivation & Operations Plan:

- ☐ There are changes to my Cultivation & Operations Plan. I have attached an updated Cultivation & Operations Plan.
- ☐ There are no changes to my Cultivation & Operations Plan.

3. Site Plan:

- ☐ There are changes to my Site Plan. I have attached an updated Site Plan.
- ☐ There are no changes to my Site Plan.

4. **REQUIRED – Applicant, Owner, State Licensee and Employee List:**

- ☐ Carefully follow the directions and complete the “Applicant, Owner, State Licensee and Employee List” and provide color copies of government issued verifiable ID for each person listed and proof of completed Livescan for each person listed unless previously provided with your original application.

5. **REQUIRED - Compliance Plan (if applicable):**

- ☐ I do not have a Compliance Plan for this Cultivation Permit.
- ☐ I had a Compliance Plan that has been satisfied (attach proof).
- ☐ I have a Compliance Plan, have applied for all required permits, and none of my applications have been denied or expired. **Note: If it is determined at the time of submittal of this renewal application that County records show this is not the case, your renewal application will not be accepted.**

6. **REQUIRED - State Water Resource Control Board (SWRCB) Proof of Enrollment Documentation:**

- ☐ I have attached my current Notice of Applicability (NOA) from the State Water Board, or all applicable correspondence from the State Water Board directly demonstrating proof of enrollment, or proof of application submission for the same.

7. **REQUIRED - California Department of Fish & Wildlife (CDFW) Documentation:**

- ☐ I have attached my Final Lake or Streambed Alteration Agreement (LSAA) from CDFW, or all applicable correspondence from CDFW directly demonstrating proof of application submission for the same.

APPLICANT/PERMITTEE INSPECTION CONSENT & AUTHORIZATION

I/We consent to at least one compliance inspection of the cultivation site to confirm compliance with the requirements of the Mendocino Cannabis Cultivation Ordinance (MCCO). I/We agree to execute a Renewal Affidavit and pay all renewal fees as required by the Cannabis Program in order to receive my Annual Renewal Cultivation Permit.

Should any of the information submitted as part of this application be determined by the County to be false or misleading, the County may issue a Notice to Terminate Permit pursuant to Mendocino County Code Section 10A.17.140.

I/We declare under penalty of perjury, under the laws of the State of California, that the information provided on this application is true and correct and that I am authorized to sign as the applicant/permittee of this permitted Cannabis Cultivation Site.

Date

Signature of Applicant(s)

Date

Signature of Applicant(s)



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING & BUILDING SERVICES
860 NORTH BUSH STREET • UKIAH • CALIFORNIA • 95482
120 WEST FIR STREET • FT. BRAGG • CALIFORNIA • 95437

Brent Schultz, Director
Planning and Building Services
Phone: 707-234-6650
FAX: 707-463-5709
cannabisprogram@mendocinocounty.org

**COMMERCIAL CANNABIS CULTIVATION
APPLICANT, OWNER, STATE LICENSEE AND EMPLOYEE LIST**

(Rev 7/20/2020)

Complete this form listing each applicant, owner, state licensee and employee involved in any way in your commercial cannabis operation. You must attach a copy of the verifiable government identification for each person listed. See Instruction Sheet on back.

Cannabis Cultivation Application #: _____ **Date:** _____

#	NAME	POSITION IN OPERATION	ID NUMBER FROM VALID ID	OFFICE USE ONLY		
				ID	Live Scan	DA Verified
Example:	John Doe	Applicant	D1234567			
Example:	Jane Doe	Manager	123456789			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

NOTE: Failure to disclose all persons involved in your commercial cannabis operation may cause delays in processing.

INSTRUCTION SHEET

Complete this form by following the instructions below:

1. List each applicant, owner, state licensee and employee involved in any way in your commercial cannabis operation.
2. For each person listed, include a color copy of their verifiable government issued photo identification.
3. If required, provide a proof of completed Livescan that demonstrates a Livescan was completed.
4. For the “Position in Operation” section, indicate the position for each person on the list in the box provided. Use only those position titles listed as defined below, if the person listed has more than one position, then enter the single most appropriate position.
5. Submit the completed form and any attachments to the Department of Planning & Building Services, Cannabis Program.

Position Titles and their Definitions	
Applicant	“Applicant” means the owner applying for Mendocino County Commercial Cannabis Cultivation Permit (MCCCCP).
Owner	“Owner” means any of the following: (1) A person with an aggregate ownership interest of 20 percent or more in the person applying for holding the MCCCCP and State license or a State licensee, unless the interest is solely a security, lien, or encumbrance. (2) The chief executive officer of a nonprofit or other entity. (3) A member of the board of directors of a nonprofit. (4) An individual who will be participating in the direction, control, or management of the person applying for the MCCCCP and State license or a State licensee.
State Licensee	“State Licensee” means any person holding a State Cannabis Cultivation License.
Employee	“Employee” means any person participating in the cultivation activities of a commercial cannabis cultivation business, including but not limited paid employees, volunteers and contractors.