



MENDOCINO COUNTY
CANNABIS FACILITIES BUSINESS LICENSE
APPLICATION

Ordinance No. 4394, which adopted Chapter 6.36 – Cannabis Facilities Businesses and Chapter 20.243 – Cannabis Facilities, became effective November 16, 2017, and provides for business licenses and zoning requirements for the following cannabis-related business types:

- Processing Facilities;
- Manufacturing Facilities;
- Testing Laboratories;
- Retailers/Dispensaries;
- Retailers/Nurseries;
- Distribution Facilities; and
- Microbusinesses

Term of License - Cannabis Facilities Business Licenses shall be issued on an annual basis and shall be renewed annually. The period of the annual license shall commence July 1 of each year and expire June 30 of the following year. The initial license may be issued for a shorter or longer period of time to best align with the July 1 through June 30 time period; in such instances, fees will be prorated on a quarterly basis.

SUBMITTAL INSTRUCTIONS

The Cannabis Facilities Business License Application submittal must include the following completed documents, as well as the Site Plan:

Page 4 - Cannabis Facilities Business License Application

Page 8 - Cannabis Facilities Business License Building Review Questionnaire

Page 9 - Cannabis Facilities Business License Planning Questionnaire

Page 10 - Acknowledgement of State License Requirement

Page 11 - Environmental Health Hazardous Materials Questionnaire

If you answered “Yes” to the question on the form, you must contact the Environmental Health Division to determine operational requirements, permits, or inspections that may be required.

Page 12 - Air Quality Permit Checklist

If you answered “Yes” to either of the questions on the checklist, you must contact the Air Quality Management District to determine if air quality permits are required.

If Applicable

Page 13 - Property Owner Consent Form

If the applicant is not the property owner, the executed consent form must be included in the submittal.

Page 14 – Indemnification for Temporary Cannabis Facility Business License

In the event a temporary license is requested, this executed Indemnification form must be included with the submittal. **Applicable departmental approval is required prior to application submittal.**

Prior to Application - Review the Zoning Table Below:

If the Zoning Table for your particular cannabis facility indicates the zoning requirement of an Administrative Permit (AP) or a Use Permit (UP), you must contact the Department of Planning and Building Services prior to submitting your Cannabis Facilities Business License Application to the Mendocino County Tax Collector. A cannabis facility that needs either an AP or UP may be eligible for a Temporary Cannabis Facilities Business License, which are reviewed and issued pursuant to Section 6.36.150. Requirements include, but are not limited to, the payment of certain fees and the submittal of a completed application for the AP or UP. Please contact the Department of Planning and Building Services for additional information.

ZONING TABLE

Table 1								
Permit Requirements for Processing, Manufacturing, Testing, Retailers, Distribution, and Microbusiness								
			6-A & 6-M	7-A & 7-M	8-A & 8-M	10-A & 10-M	11-A & 11-M	12-M
		Processing*	Manufacturing Level 1 (Non-volatile)**	Manufacturing Level 2 (Volatile)	Testing	Retail/Dispensary	Distribution	Microbusiness***
Zoning District	RR 2	--	--	--	--	--	--	--
	RR 5	--	--	--	--	--	--	--
	RR 10	--	--	--	--	--	--	--
	R3	--	--	--	--	--	--	--
	RC	AP	AP	UP	UP	UP	UP	UP
	SR	--	--	--	--	--	--	--
	AG	AP	--	--	--	--	--	--
	UR	AP	--	--	--	--	--	--
	RL	AP	--	--	--	--	--	--
	FL	AP	--	--	--	--	--	--
	TPZ	--	--	--	--	--	--	--
	C1	AP	--	--	--	ZC	--	--
	C2	AP	UP	--	ZC	ZC	UP	AP
	I1	ZC	ZC	AP	ZC	UP	ZC	AP
	I2	ZC	ZC	AP	ZC	UP	ZC	AP
	PI	ZC	ZC	AP	ZC	UP	ZC	AP
-- = Not Allowed, ZC = Zoning Clearance, AP = Administrative Permit, UP = Use Permit								
* See Section 20.243.040(A)(2) regarding processing of cannabis grown on-site.								
** See Section 20.243.040(A)(2) regarding home manufacturing exception.								
*** Microbusiness engaged in cultivation shall be allowed at such time as the County adopts and Adult Use Cultivation Ordinance and State Licenses are available								

Submittal Location & Fees

Please remit the completed Cannabis Facilities Business License application to: **Mendocino County Tax Collector at 501 Low Gap Road, Room #1060, Ukiah, CA 95482.** Prorated

application fees for the license are indicated below (additional fees from other entities may apply):

If submitted on or between <u>December 7, 2017 - February 28, 2018</u>	- \$ 198
If submitted on or between <u>March 1, 2018 - June 30, 2018</u>	- \$ 183

REQUIREMENTS AFTER SUBMITTAL

LiveScan Criminal History Inquiry Requirement

Within ten (10) days of filing a completed Cannabis Facility Business License application with the Mendocino County Tax Collector, each business owner, partner, and operator/manager (if they are not the owner) are required to have a LiveScan criminal history inquiry performed. If you have previously completed the LiveScan requirement during the Cultivation Permit Application process, you are **not** required to complete this task again. The following documents are included in the packet to assist with the successful completion of this requirement:

Page 15 - Request for Live Scan Service

Complete this form in its entirety and present it to a certified and approved LiveScan operator. Fees for the LiveScan procedure will be directly collected by the LiveScan operator.

Page 16 - Fingerprint Worksheet

Once all fingerprints have been taken, complete this form and return it to the Mendocino County Tax Collector.

Track and Trace Requirement

Cannabis facilities are required to enroll in and comply with all requirements of the Track and Trace system adopted and implemented by the County. After the issuance of a business license, the County will be in contact with each cannabis facility operator to provide them with information on this process.

State License Requirement

The Mendocino County Cannabis Facilities Business License is provisional until a valid State of California license, as required under MAUCRSA, is verified. A copy of the State license issued pursuant to MAUCRSA must be filed with the Mendocino County Tax Collector within fifteen (15) days of issuance.

Cannabis Business Tax

On November 8, 2016, Measure AI was passed by Mendocino County voters; this measure imposed a cannabis business tax on commercial cannabis businesses located in the unincorporated area of the County and is codified in Chapter 6.32 of the County Code. Additional information relating to the imposition of this tax will be provided to each applicant at the conclusion of the application process.

Questions, please contact:

**Mendocino County Tax Collector
501 Low Gap Road, Room #1060
Ukiah, CA 95482
(707) 234-6848**



County of Mendocino
**Cannabis Facilities Business
License Application**

Mendocino County Treasurer-Tax Collector
501 Low Gap Road, Room #1060
Ukiah, CA 95482
Website: www.mendocinocounty.org/cannabisbl
Telephone: (707) 234-6848

Please return this completed application packet, along with the application fee, to the address indicated above.

A license will **not** be issued without the applicable approval of the following departments:
Department of Planning & Building Services Environmental Health Sheriff's Office

Use Type: (Please Check Appropriate Box)

☐ Medical Use ☐ Adult Use ☐ Both

Business Type: (Please check one per application, excluding Microbusiness)

☐ Processing ☐ Manufacturing-Level 1 ☐ Retailer/Nursery
☐ Distribution ☐ Manufacturing-Level 2 ☐ Microbusiness
☐ Retailer/Dispensary ☐ Testing Laboratory (Check all that apply)

Business Name: _____

Business Location Address: _____

Assessor's Parcel Number: _____

Business Telephone: _____ Business Email Address: _____

Description of Business: _____

Business Owner #1

Name: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Business Owner #2

Name: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Business Operator (if different than business owner):

Name: _____ Telephone: _____

Do you own the property on which this business will be conducted? ☐ Yes ☐ No

If "No," an executed Property Owner Consent Form must be included (Page 10)

Estimated Value of Equipment (exclude licensed vehicles) \$ _____

Applicant Signature

Date

FOR DEPARTMENTAL USE ONLY

PLANNING	BUILDING	SHERIFF
ENVIRONMENTAL HEALTH	TAX COLLECTOR	OTHER

Sales, use, or excise tax may apply to your business activities. For information, contact the California Department of Tax and Fee Administration (CDTFA) by telephone at 1(800)400-7115.



COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES

860 NORTH BUSH STREET • UKIAH • CALIFORNIA • 95482
120 WEST FIR STREET • FT. BRAGG • CALIFORNIA • 95437

IGNACIO GONZALEZ, INTERIM DIRECTOR
PHONE: 707-234-6650
FAX: 707-463-5709
FB PHONE: 707-964-5379
FB FAX: 707-961-2427
pbs@mendocinocounty.org
www.mendocinocounty.org/pbs

BUSINESS LICENSE REVIEW BY PLANNING AND BUILDING SERVICES

Required:

- 1) A site plan displaying the required information on Page 6 (Sample on Page 7)

Additional requirements, if applicable:

Establishing your business may also require that you obtain a building permit from the Department of Planning and Building Services prior to receiving your business license. Below is a non-exclusive list of sample projects that would require a building permit.

- 1) Changing the character or occupancy of the structure in which the business is located.

Examples:

- a) Using a garage as an office, wood shop or fix-it shop etc;
- b) Adding a new tenant space, within a commercial building;
- c) Changing the existing commercial building space from a warehouse to a retail store or a professional office;
- d) Building a new commercial building;
- e) Using a home as a professional office facility (i.e. doctor, attorney, dentist, architect, engineer etc);
- f) Any building where customers will be present or employees work;
- h) Changing the interior of an existing building for a new business; and
- i) Altering, replacing or adding building, plumbing, electrical or mechanical fixtures, appliances, or walls.

- 2) Where members of the public are entering or employees are working in any building on a parcel which the business is located.

Examples:

- a) Providing services for customers in a residential or residential accessory building used as your business;
- b) Providing retail and/or payment transactions in a residential or residential accessory building used as a business; and
- c) Creating or providing a work station for an employee.

Note: The examples above do not include all situations that could trigger the need for a building permit from the Department of Planning and Building Services. It is recommended that you speak with the Building Official regarding your business license requirements, and properly complete the Business License Building Review Questionnaire.



CANNABIS FACILITY SITE PLAN REQUIREMENTS

Your application for a cannabis facility business license and related planning permit must include an 8½" x 11" site plan. The information shown on the site plan should be legible, drawn to scale 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. Assessor's Parcel Number
5. Legal parcel configuration clearly shown with *all* property boundaries, dimensions and acreage.
6. Cannabis facility location (which building(s), size of structure(s), **distance to properties**).
7. Scale (if applicable)
8. North arrow
9. If applicable, grow site location, size of area with **distance to property lines**. Noted whether indoor/outdoor

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.
13. Access to site from nearest public road.

Structures

14. All *existing* structures clearly labeled with **use and distance from property line**.
15. Proposed structure or additions (if applicable), clearly labeled with **use and distance to property lines**.
16. Fences and retaining walls (indicated height and material).

Utilities

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

On-Site Septic

18. Existing and proposed septic systems and leach field areas, including replacement field.

Water Source(s)

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

Site/Habitat Conditions

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

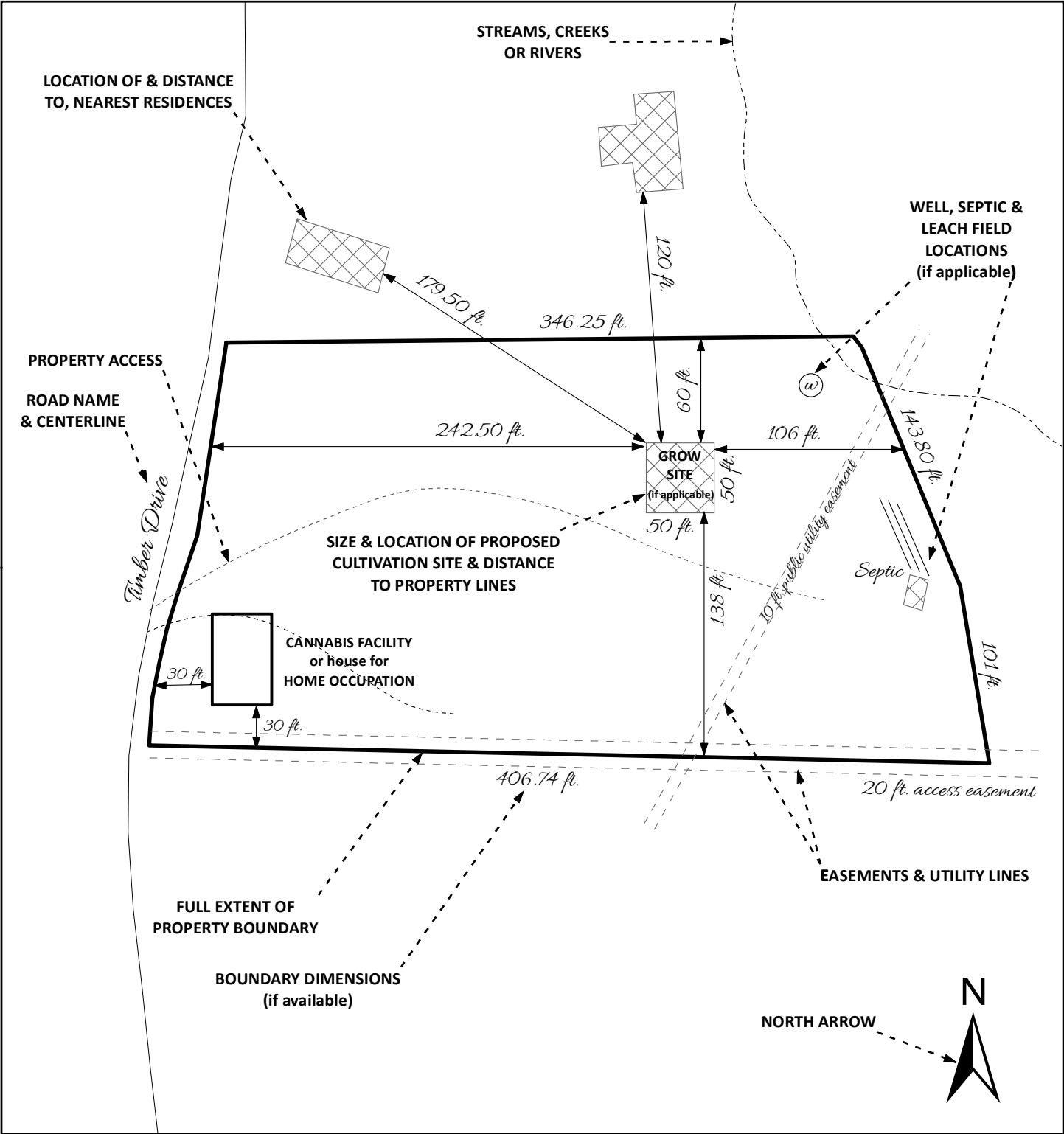
Site plans which **WILL NOT** be acceptable:

- Copies from the CALFIRE application
- Portions of larger, scaled site plans. (Must show entire boundary of parcel)
- Copies of site plans previously used with approval signatures from previous building permits.
- Copies of previously used site plans with "white out" areas.

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 THE DELAY OF PROCESSING YOUR PERMIT APPLICATION, OR INVALIDATE YOUR APPROVED PERMIT.

SAMPLE CANNABIS FACILITIES SITE PLAN



SITE PLAN MUST INCLUDE ALL RELEVANT INFORMATION

APPLICANT: _____

OWNER: _____

APN(s) (LEGAL PCLS): _____

FACILITY LOCATION: _____



COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES

860 NORTH BUSH STREET • UKIAH • CALIFORNIA • 95482
120 WEST FIR STREET • FT. BRAGG • CALIFORNIA • 95437

IGNACIO GONZALEZ, INTERIM DIRECTOR
PHONE: 707-234-6650
FAX: 707-463-5709
FB PHONE: 707-964-5379
FB FAX: 707-961-2427
pbs@mendocinocounty.org
www.mendocinocounty.org/pbs

BUSINESS LICENSE BUILDING REVIEW QUESTIONNAIRE

The Department of Planning and Building Services is responsible for all structural and life safety concerns in the construction, demolition or alteration of buildings including, but not limited to, matters such as electrical and plumbing permits, HVAC systems, Title 24 energy standards and disabled access pursuant to Title 24 Chapters 11A & 11B Accessibility standards.

Site Location: _____ APN: _____

Previous Use: _____

Business Name: _____ Type of Business: _____

Business Contact: _____

Phone Number: _____ Email: _____

Property Owner(s): _____

Do you plan on making any structural or non-structural improvements such as, enlarge, extend, reconstruct, or alter the building in use, design or arrangement? Please describe:

Do you plan on modifying the existing electrical, mechanical or plumbing systems? Please describe:

Are you demolishing any portion of the structure; interior or exterior, structural or non-structural? Please describe:

Signature of Owner/Operator: _____ Date: _____

Print Name of Owner/Operator: _____

NOTE: "Stop Work Orders" will be issued by the Building Official if construction is done without required permits.

All contractors and subcontractors must possess a current Mendocino County business license.

The contractors and subcontractors must have current workman's compensation and must be bonded.

Building permits are issued to the licensed contractor, property owner or a certified agent.



COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES

860 NORTH BUSH STREET • UKIAH • CALIFORNIA • 95482

120 WEST FIR STREET • FORT BRAGG • CALIFORNIA • 95437

IGNACIO GONZALEZ, INTERIM DIRECTOR

PHONE: 707-234-6650

FAX: 707-463-5709

FB PHONE: 707-964-5379

FB FAX: 707-961-2427

pbs@mendocinocounty.org

www.mendocinocounty.org/pbs

Cannabis Facilities Business License
Department of Planning & Building; Planning Questionnaire

1. Please provide a short description of the proposed cannabis facility. _____

2. Please indicate what products/services will be provided by the facility. _____

3. Is the proposed cannabis facility located **at least** 1000 feet from any school, youth-oriented facility, park, church, or residential treatment facility?
(Please note that the Planning & Building will do their own review to ensure this answer is accurate)
☐ NO ☐ YES
4. How many off-street parking spaces will be provided? _____ How many accessible spaces? _____
(Please note that all cannabis facilities need off-street parking; please check with Planning & Building for the minimum number of required spaces)
5. Will the cannabis facility have any exterior signage?
☐ NO ☐ YES; size _____ ft² (Please also indicate location on plot plan)
6. Will the business operation maintain a fleet of vehicles? ☐ NO ☐ YES; explain further below
Intended use of vehicles: _____
Number of vehicles: _____ Storage location if off-site: _____
7. What is the structures source of electricity?
☐ PG&E ☐ Generator ☐ Renewables ☐ Other (specify) _____
8. What is the premises source of water?
☐ Well ☐ District ☐ Spring ☐ Delivered ☐ Other (specify) _____
9. How will wastewater be removed from the premise? _____
☐ Septic ☐ District ☐ Other (specify) _____
10. Will you have customers coming to the cannabis facility? ☐ NO ☐ YES

FOR NON-VOLATILE MANUFACTURING ONLY

- M1. Please describe any extraction methods used: _____

- M2. Will you be manufacturing any food products? ☐ NO ☐ YES
- M3. What products are being manufactured? _____

***Please submit this questionnaire with the Cannabis Facilities Business License application; failure to do so may result in delays in the review process by the Department of Planning and Building.**

SHARI L. SCHAPMIRE
TREASURER-TAX COLLECTOR



JULIE FORRESTER
ASSISTANT TREASURER-TAX
COLLECTOR

MENDOCINO COUNTY TREASURER-TAX COLLECTOR
501 LOW GAP RD. ROOM 1060, UKIAH, CA 95482
(707) 234-6875

Acknowledgement of State License Requirement

In applying for a Mendocino County Cannabis Facilities Business License, I, _____
acknowledge that I am aware of the provisions and requirements of the Medical and Adult-Use Cannabis
Regulation and Safety Act (Business and Professions Code section 26000 *et seq.*; "MAUCRSA"). I
understand that MAUCRSA provides only that actions of a state licensee are not unlawful if done
pursuant to a state license, in addition to any local authorization and in accordance with MAUCRSA and
its adopted regulations. I understand that the issuance of a Mendocino County Cannabis Facilities
Business License is not the equivalent of a license issued by the State of California pursuant to
MAUCRSA. Further, I understand that I may be subject to state criminal or civil penalties for engaging in
commercial cannabis activity, as defined by subdivision (k) of Business and Professions Code section
26001, without a license issued by the State of California pursuant to MAUCRSA.

Applicant: _____ Date: _____



COUNTY OF MENDOCINO
HEALTH AND HUMAN SERVICES AGENCY
ENVIRONMENTAL HEALTH DIVISION

Hazardous Materials Questionnaire

Californians are protected from hazardous waste and hazardous materials by a Unified Program that ensures consistency throughout the state in regard to administrative requirements, permits, inspections, and enforcement. CalEPA oversees the statewide implementation of the Unified Program and its 81 certified local government agencies, known as Certified Unified Program Agencies (CUPAs), which apply regulatory standards established by five different state agencies. Mendocino County's Environmental Health Division is the local CUPA tasked with implementing California's hazardous materials standards.

Please answer the question below to determine if any requirements, permits or inspections are required from Environmental Health.

Will your facility have any Hazardous Materials on site in quantities greater than 55 gallons, 500 pounds or 200 cubic feet or any amount of Hazardous Waste?

☐ Yes ☐ No

If you answered 'Yes' to the question above, go to <https://cers.calepa.ca.gov/> and complete your Hazardous Material Management Plan (HMMP) submittal and enter your CERS identification number below.

CERS ID Number _____

You may also contact the Environmental Health Division to determine operational requirements, permits or inspections that are required, or for assistance submitting your HMMP. You can call Environmental Health during business hours at (707) 234-6625 or visit.

Applicant Signature: _____

Printed Name: _____

Date: _____



MENDOCINO COUNTY
AIR QUALITY MANAGEMENT DISTRICT

Air Quality Permit Checklist

California Government Code, Section 65850.2 (c)* prohibits local governments from issuing an Occupancy Permit to a business without clearance from Air Quality. This checklist is designed to determine what type of clearance is needed from the Mendocino County Air Quality Management District for Manufacturing, Processing, Production, Testing, and Dispensing Facilities and may not include all activities that require a permit from the District. Check all that apply.

Business Name: _____ Telephone: (____) _____

Address: _____ City: _____ Zip code: _____

Owner/Contact: _____ Telephone: (____) _____

Applicant Name (Print): _____ Signature: _____

- Will any of the following equipment be used? : Yes ☐ No ☐
 - Abrasive Blasting Equipment (*Indoors or Outdoors*)
 - Baghouse, Cartridge-Type Dust Filter, and/or Scrubber
 - Boiler / Water Heating Equipment
 - (*Individually or Cumulatively Greater Than 500,000 Btu/hr. Maximum Input*)
 - Coating / Painting Equipment (*Indoors or Outdoors*)
 - Dry Cleaning Equipment
 - Equipment with Exhaust Stacks
 - Fuel Storage and/or Dispensing Equipment (*Gasoline and/or Diesel*)
 - Generators or Other Equipment (*Excluding Motor Vehicles*)
 - Diesel IC engine 50 Hp or Greater (*or Multiple Engines that Total 90 Hp or Greater*)
 - Non-Diesel IC engine 250 Hp or greater
 - Odor Control (Abatement) Devices
 - Outdoor Commercial Cooking (*Permanent or Seasonal*)
- Will any of the following operations be performed? : Yes ☐ No ☐
 - Aggregate and/or Wood Processing and/or Storage Activities
 - Etching, Plating, Casting, or Melting of Metals
 - Mixing and Blending of Liquids and/or Powders
 - Open outdoor storage, processing and/or mixing of soil or soil amendments
 - Process that may generate fumes, dust, smoke, or strong odors
 - Storage of Acids, Solvents, Organic Liquids, or Fuels

If you answered 'No' to both questions, this checklist is your clearance from the District. If you answered 'Yes' to either question, you must contact the District to determine if air quality permits are required. If permits are required, the District will assist you in obtaining the necessary air quality permits and provide you with a clearance letter for your Occupancy Permit. Please call the District office if you have any questions.

California Govt Code, Section 65850.2(c) * "A city or county shall not issue a final certificate of occupancy...unless there is verification from the administering agency...that the owner or authorized agent has met...the requirements for a permit...from the air pollution control district or air quality management district...or has provided proof from the appropriate district that the permit requirements do not apply..."



MENDOCINO COUNTY TREASURER-TAX COLLECTOR
501 LOW GAP RD. ROOM 1060, UKIAH, CA 95482
(707) 234-6848

PROPERTY OWNER CONSENT FORM

I, _____, declare under penalty of perjury that:
[print name]

1. For the property listed below, I am (*choose one*) ☐ the record title owner or ☐ a representative of a trust or business entity named _____ that owns the property and I have been duly authorized to represent such trust or business entity for purposes of executing this document.

(Physical Address)

Mendocino County, California, APN _____

2. I, or the trust or business entity I represent, am aware that the applicant _____ (*print name*) is in the process of applying to Mendocino County for a business license to operate a cannabis business on the property described above in conformance with all the provisions of Chapters 6.36 and 20.243 of the Mendocino County Code.
3. If such application is granted, I will allow the applicant to engage in the operation of the applied for cannabis business on the property.
4. I, or the trust or business entity I represent, understand that, as the owner of the parcel of the proposed cannabis business, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the cannabis activities I am allowing on my property.

Signed this _____ day of _____, 20__

(Landowner Signature)

(Tenant Signature)

(Tenant Name)



MENDOCINO COUNTY TREASURER-TAX COLLECTOR
501 LOW GAP RD. ROOM 1060, UKIAH, CA 95482
(707) 234-6848

Indemnification for Temporary Cannabis Facility Business License

Ordinance No. 4394, adopted by the Board of Supervisors on October 17, 2017, requires applicants for a temporary cannabis facilities business license to sign an indemnification agreement. Failure to sign this agreement will result in the application being considered incomplete and withheld from further processing.

As part of this application, applicant agrees to defend, indemnify, release and hold harmless the County of Mendocino, its agents, officers, attorneys, employees, boards and commissions from any claim, action, or proceeding brought against the county or its agents, officers and employees to attack, set aside, void or annul the approval of a temporary cannabis facilities business license. This indemnification shall include, but not be limited to, damages, costs, expenses, attorney's fees or expert witness fees incurred in connection with such claim or action and asserted by any person or entity, including the applicant, arising out of or in connection with the approval of the temporary cannabis facilities business license, whether or not there is concurrent, passive or active negligence on the part of the County, its agents, officers, attorneys, employees, boards and commissions.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

To be completed by respective Departments:

Please sign to indicate approval of temporary business license.

Planning: _____
(Print) (Sign) (Date)

Building: _____
(Print) (Sign) (Date)

Env. Health: _____
(Print) (Sign) (Date)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0230000

ORI (Code assigned by DOJ)

Cannabis Facilities BL

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

MCSO

Agency Authorized to Receive Criminal Record Information

951 Low Gap Road

Street Address or P.O. Box

Ukiah

City

CA

State

95482

ZIP Code

Cannabis Program

Authorized Applicant Type

03667

Mail Code (five-digit code assigned by DOJ)

Contact Name (mandatory for all school submissions)

(707) 463-5657

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex

☐

Male

☐

Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

City

State

ZIP Code

Your Number: AG 2017

OCA Number (Agency Identifying Number)

Level of Service:

☒

DOJ

☒

FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



COUNTY OF MENDOCINO
TREASURER-TAX COLLECTOR
501 LOW GAP ROAD, ROOM #1060
UKIAH, CA 95482
(707) 234-6848

FINGERPRINT WORKSHEET

Business Name:

**Business
Mailing Address:**

Note to Applicant:

The following individuals must have LiveScan fingerprints taken: each business owner, partner, and operator/manager (if they are not the owner). The following will result in a failed LiveScan: "a violent felony as defined in Penal Code section 667.5(c) within the State of California, or a crime that would have constituted a violent felony as defined in Penal Code section 667.5(c) if committed in the State of California and is not currently on parole or felony probation. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere (6.36.060(C))."

Each applicant is required to separately complete the attached *Request for Live Scan Service* form and present it at a certified and approved LiveScan location. The Live Scan results will be sent to the Mendocino County Sheriff's Office. The Sheriff's Office will notify the Treasurer-Tax Collector whether individual(s) listed below has passed or failed.

Please provide the following information regarding individuals from your cannabis facility that will need to have fingerprints taken:

Name	Title	Date Fingerprints Taken	* <u>Exempt</u> Check Box

Note: Please return this form and a copy of LiveScan receipts to the Treasurer-Tax Collector once all fingerprints have been taken. This mandate is required to be completed within ten (10) days of submitting your application.

***Exempt – If you have previously completed the LiveScan requirement during the Cultivation Permit Application process, you are not required to complete it again. Please check the applicable box above if you are exempt at this time.**