



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES
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For Office Use Only	
Accepted By:	_____
Date:	_____
Permit Number:	_____

MENDOCINO COUNTY CULTIVATION PERMIT AFFIDAVIT

CANNABIS CULTIVATION PERMIT APPLICATION PURSUANT CHAPTERS 10A.17 and 20.242

By affixing my signature to this affidavit, I hereby declare that:

- I have submitted an application to the Mendocino County Department of Planning & Building Services - **Cannabis Program** for a permit to cultivate cannabis pursuant to Mendocino County Code Chapters 10A.17 and 20.242.
- I affirm that:
☐ **I have obtained** a California Department of Food & Agriculture (CDFA) annual license to cultivate cannabis within the boundaries of Mendocino County, and I shall immediately provide a copy of the issued California State license to the County of Mendocino Cannabis Program.
☐ **I am actively working on securing** a CDFA annual license to cultivate cannabis within the boundaries of Mendocino County, and immediately upon receipt I shall provide the County of Mendocino Cannabis Program a copy of the issued California State license.
- I understand and affirm that commercial cultivation of cannabis is not allowed to occur on the cultivation site for which I am applying by myself, my agents or employees in excess of the amounts permitted by the exemptions listed in Mendocino County Code Section **10A.17.030** without a valid Mendocino County and State of California cultivation license.
- I affirm that my application packet for a cultivation permit pursuant to Mendocino County Code Chapters 10A.17 and 20.242 either meets the requirements to obtain such a cultivation permit or that I am actively in the process of fulfilling such requirements.
- Any cannabis cultivation activities conducted by me, my agents or employees shall be conducted in conformance with the requirements of the Mendocino County Code Chapters 10A.17 and 20.242 and with the California Medical and Adult-Use Cannabis Regulation and Safety Act.
- All cannabis or cannabis products under my control or the control of my agents or employees, and cultivated pursuant to Mendocino County Code Chapter 10A.17 and 20.242 and the California Medical and Adult-Use Cannabis Regulation and Safety Act will be distributed within the State of California.
- I affirm that all persons involved in the cultivation business under this permit are at least 21 years of age and have no disqualifying criminal history pursuant to the Mendocino Cannabis Cultivation Ordinance (MCCO) or California State Law.
- By signing this affidavit, I give the Mendocino County Planning & Building Department authorization to conduct a compliance inspection of the permitted site at any time to satisfy the requirements of the MCCO.
- Unless otherwise provided in my application (renewal or initial), I affirm that all cultivation activities remain the same as originally applied for or permitted and that all information, disclosures, consent, certifications and indemnification in the original application remain the same and are fully applicable to both the Initial and Annual Renewal Cultivation Permit..
- I affirm that if any cultivation activities change, I will immediately submit a new Site Plan and a new Cultivation & Operations Plan to the Mendocino County Cannabis Program.

I declare under penalty of perjury, under the laws of the State of California, that the information provided on this affidavit is true and correct and that I am authorized to sign on behalf of the entity listed below. Each named applicant must complete an affidavit.

Affiant Signature: _____

Printed Name: _____

Official Representative signing for all members of (if applicable): _____

Date: _____