



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

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Planning and Building Services  
Cannabis Program  
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[www.mendocinocounty.org/cannabisprogram](http://www.mendocinocounty.org/cannabisprogram)

## INSTRUCTIONS AND ADDITIONAL INFORMATION FOR APPLICATION OF CANNABIS CULTIVATION REASSIGNMENT (TRANSFER)

### **READ ALL OF THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT THIS APPLICATION:**

Only ISSUED and VALID (not expired) Mendocino County Cultivation Permits may be reassigned. If the permit is expired, it will require renewal by the original permit holder before it can be reassigned. The streamlined renewal application and process is available online here: [www.mendocinocounty.org/cannabisprogram](http://www.mendocinocounty.org/cannabisprogram) or can be picked up at the Planning & Building Services, Ukiah Office.

When completing the application, the current Permit Holder and the proposed Assignee must complete all section of the application as indicated on the application, check all applicable boxes, and supply all required documentation called out in the application. Incomplete applications will not be accepted.

Applications must be submitted in-person or by mail to the Ukiah Office of the Mendocino County Planning & Building Services located at 860 N. Bush Street, Ukiah, CA 95482.

No application will be accepted without payment of the application fee of **\$333.62**. A receipt will be issued for the payment of this fee.

All submitted applications must have a complete Mendocino County Treasurer – Tax Collector Commercial Cannabis Business Tax Registration form attached.

Applications will be reviewed by County Staff for completeness and requests will be made for additional documentation, if necessary. No permit will be reassigned until all required documentation is submitted.

After the application is submitted and reviewed, the Cannabis Program will notify both the current Permit Holder and the Assignee, in writing, when the permit is initially cleared to be reassigned.

After the above notification, the Cannabis Program will notify the CalCannabis/California Department of Food & Agriculture (CDFA) that the application for reassignment is in good standing with the County for the Assignee.

The permit will not be reassigned and issued to the Assignee until the Assignee provides the Cannabis Program documentation showing proof of application for all required state permits in the name of the Assignee as required by state regulatory agencies including but not limited to: State Cultivation License, CDFW Lake or Streambed Alteration Agreement (LSAA), Water Board Notice of Applicability (NOA), Small Irrigation Use Registration (SIUR), Water Rights, and Seller's Permit from the California Department of Tax & Fee Administration (CDTFA).

If the Assignee is an entity, provide all documentation demonstrating the formation and structure of the entity include the currently formal documentation naming the current Executive or Manager responsible for the business affairs of the entity. As an example, the most current filed Statement of Information (SOI) for a corporation would satisfy this requirement.

If the Assignee is an entity controlled by the original permit holder and no new persons are to be involved in the cultivation activities, then the new complete Employee List must be submitted but Livescan receipts ARE NOT required if the Cannabis Program already has them on file with the original permit.

The Assignee is not legally allowed to engage in cultivation activities as a permit holder until the permit has been issued to the Assignee and the Assignee has obtained a State Cultivation License.

## APPLICATION TO ASSIGN MENDOCINO COUNTY CANNABIS CULTIVATION PERMIT AND AFFIDAVIT OF EXISTING PERMIT HOLDER AND ASSIGNEE

***For Office Use Only***

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

App fee collected: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

State Workbook: \_\_\_\_\_

Applications can only be submitted in-person Mondays and Wednesdays from 8 am to 12 pm or anytime by mail to the Ukiah Office of the Mendocino County Planning & Building Services, ATTN: Cannabis Program, 860 N. Bush Street, Ukiah, CA 95482.

<b>Mendocino County Cannabis Permit Number (must be an issued permit that is not expired):</b>	
<b>Cultivation Site Address:</b>	Street: _____ City: _____ State: <u>CA</u> Zip: _____
<b>Parcel Number(s):</b>	
<b>Applicant Name (* Assignee):</b>	
<b>Mailing Address:</b>	Street: _____ City: _____ State: _____ Zip: _____
<b>Phone Number:</b>	
<b>Email:</b>	

\*The Assignee may be anyone named as a person as defined by MCCO 10A.17.020 - "Person" means an individual, firm, partnership, joint venture, association, corporation, limited liability company, estate, trust, business trust, receiver, syndicate, or any other group or combination acting as a unit and includes the plural as well as the singular number.

PERMITTEE INFORMATION	
Existing Permittee's Name:	
Mailing Address:	Street: _____ City: _____ State: _____ Zip: _____
Phone Number:	
Email:	

### AFFIDAVIT OF PERMITTEE

☐ IF PERMITEE IS DECEASED OR INCAPACITATED, CHECK THIS BOX AND DO **NOT** SIGN BELOW - Provide the name and contact information of person currently responsible for the affairs of the person named as the permit holder along with a written description of the circumstances and any associated legal documentation. Attach all documentation to this application. You will be notified of further requirements, after legal review, before this application will be further processed.

I/We hereby request that the above listed Mendocino County Cultivation Permit be assigned to the above-identified Assignee. Upon approval of this permit assignment, I/We hereby surrender my/our Mendocino County Cultivation Permit and relinquish all interest in said Permit. I/We declare that the forgoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permittee

### AFFIDAVIT OF ASSIGNEE

I/We state that we meet all of the requirements of the Mendocino County Cannabis Cultivation Ordinance (MCCO) and request that Cannabis Cultivation Permit Number \_\_\_\_\_ be assigned as requested above. I/We agree to provide all necessary documentation as required, the required criminal history background clearances and execute an affidavit attesting to the Assignee's agreement to comply with all terms and conditions, including the original compliance agreement for the existing Permit if any, and all other applicable laws and regulations. I/we declare that the forgoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assignee

## REQUIRED DOCUMENTS TO BE ATTACHED

### Documents Required of the Current Permittee that must be included with this Application:

☐ YES A copy of the active, existing issued Mendocino County Cannabis Cultivation Permit – if the cultivation permit for the site has not been issued or is expired, THIS APPLICATION WILL NOT BE ACCEPTED.

☐ YES A copy of the Compliance Plan, if one was required, for the original issuance of the cultivation permit.

### Documents required of the Assignee (proposed new permit holder) that must be included with this Application:

☐ YES Treasure Tax Collector Commercial Cannabis Cultivation Tax Registration Form

☐ YES Treasure Tax Collector Cannabis Program Participant Tax imposed Form

☐ YES Completed Employee List, naming all those engaged in or employed in operations of the cannabis cultivation business. Copies of valid identification for all applicants and employees.

☐ YES Live Scan receipts for all persons engaged in or employed in the operations of the cannabis cultivation business.

☐ YES Completed Property Owner Consent Form **OR** proof of property ownership in the Assignee's Name.

☐ YES ☐ N/A A new Site Plan, if changes have been made since the original cultivation permit was issued.

☐ YES ☐ N/A A new Cultivation & Operations Plan, if changes have been made since the original cultivation permit was issued.

☐ YES ☐ N/A If the Assignee is other than an individual or individuals, attach all supporting legal documentation that the entity is legally established and naming all officers, members, and individuals who are primarily responsible for conducting business on behalf of the entity.

☐ YES ☐ N/A Color photo identification of the individual(s) named as Assignee or of the person(s) signing the application on behalf of an entity.

☐ YES ☐ N/A Is a Mendocino County Air Quality Management District permit required?



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**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	<b>“Applicant”</b> means the owner applying for Mendocino County Commercial Cannabis Cultivation Permit (MCCCCP).
Owner	<b>“Owner”</b> 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	<b>“State Licensee”</b> means any person holding a State Cannabis Cultivation License.
Employee	<b>“Employee”</b> means any person participating in the cultivation activities of a commercial cannabis cultivation business, including but not limited paid employees, volunteers and contractors.

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) 234-6848

**Cannabis Program Participants – Tax Imposed**

**CULTIVATION**

- 1) Gross Receipts – 2-1/2% (Payable on a calendar quarterly basis);
- 2) At calendar year end, if the below minimum requirement is not met, an invoice will be sent for the balance due.

Cultivating Pursuant to Permit Type: <b>Cottage</b>	Cultivating Pursuant to Permit Type: <b>Type 1</b>	Cultivating Pursuant to Permit Type: <b>Type 2</b>
Minimum Due - \$1,250	Minimum Due - \$2,500	Minimum Due - \$5,000

**DISPENSARY – RETAIL**

Gross Receipts – 5% (Payable on a calendar quarterly basis)

**FACILITY & NURSERY**

Flat Rate - \$2,500  
(Payable as lump sum or four equal quarterly calendar payments)

**PLEASE SIGN BELOW**

I have read and understand that my participation in the Mendocino County Cannabis Program requires payment of taxes imposed per Chapter 6.32 – Cannabis Business Tax.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_ Permit Number \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

FOR DEPARTMENT USE ONLY			
BATCH#	ENTER DATE	TRUST TAX#	BAN#



## Mendocino County Treasurer-Tax Collector

501 Low Gap Road, Room #1060

Ukiah, CA 95482

(707) 234-6848

### Commercial Cannabis Cultivation Business Tax Registration Form

**Business Name:**

**Cultivation Permit**

**Applicant Name:**

(Applicant name MUST match cultivation applicant name)

**Situs Address:**

(Street Address)

(City)

(State)

(Zip Code)

**Parcel Number:**

NOTE: The following business contact information will be used for ALL department correspondence pertaining to this permit

**Business Contact:**

**Business Mailing**

**Address:**

(Street Address)

(City)

(State)

(Zip Code)

**Business Phone:**

**Business Email:**

**Permit AG(R) #:**

**Permit Type:**

☐

Cottage

☐

Type 1

☐

Type 2

☐

Nursery

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

Authorized Signature

Date of Signature

Printed Name

Title