TRINITY COUNTY
COMMUNITY DEVELOPMENT DEPT – CANNABIS DIVISION
530 MAIN ST., PO BOX 2819
PHONE – 530-623-1351

Commercial Cannabis Cultivation License (CCL)
Annual Renewal Checklist

Staff Reviewer:	**Date:**
APN:	**License Type:**
Applicant Name:	**Business Name:**
Email:	**Phone Number:**
Authorized Agent:	
Zoning District (on Parcel Viewer):	**Restricted Zones: TPZ (w/ exceptions), R1, R2 and R3, OS**
General Plan Designation:	
In Cannabis Exclusionary Zone: ☐ NO or ☐ YES:	

X = Deficiency	✓ = Complete	N/A = Not
	Copy of payment receipt (if CASH paid at Tax Collector) OR, payment with card, check, & money orders are accepted at the Cannabis Division office	
	Up-to-Date Site Plan	
	Agent's Authorization Form (if applicable)	
	Acknowledgement Form	
	Indemnification Form	
	Authorization to Enter Private Property Form	
	Material Use Acknowledgment Form	
	Maintaining Existing Site Conditions Form	
	Copy of Applicant(s) Photo IDs	
	Copy of Property Owner(s) Photo IDs	
	Copy of Property Deed(s) & Verify Property Ownership on ParcelQuest	
	If applicant is different than the owner of the parcel: A notarized Lease Agreement that specifically allows for cultivation **or** a notarized Owner's Permission Form is required.	
	For Trusts: Attach list of Trustees that are authorized to execute improvements on property.	
	Proof of a finaled dwelling permit by the Building Department or Assessor's Office information that shows a grandfathered dwelling (built prior to 1972). **OR** Proof of issued building permit to construct a residence with an issued Director's Use Permit to occupy an RV during construction: Building Permit No.: **AND** Director's Use Permit No.:	
	Past Non-Compliance Resolved (inspection/comm. record)	
	All Associated Permits Are Valid	
	Proof of legal sewage disposal system (municipal acct info/receipt or valid permit by the Environmental Health Division) Permit No.:	
	Proof of legal water source (municipal account info/receipt, well report, well test, riparian claim, and/or rain catchment) Permit No.:	
	If the proposed premises is located within a 350-foot radius of a permitted or grandfathered dwelling: ☐ Initial Variance or ☐ Annual Renewal Variance (Director's Use Permit)	

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REV. 03.05.2024

*County administrative staff will verify the following:

	California State Water Resources Control Board (SWRCB) Notice of Applicability (NOA) https://ciwqs.waterboards.ca.gov/ciwqs/
	California Department of Tax and Fee Administration (CDTFA) Seller's Permit https://onlineservices.cdtfa.ca.gov/_/
	Secretary of State Statement of Information (SOI) Form (for entities formed as corporations, including as an LLC) https://businesssearch.sos.ca.gov/
	California Department of Fish and Wildlife (CDFW) Lake or Streambed Alteration Agreement (LSAA) Signed by the Applicant or Refund Letter (Draft or Final Agreement Will Be Required Prior to License Issuance)
	Submitted Appendix C

The Applicant and Authorized Agent are notified of deficiencies via email.

NOTES:

Incomplete as of:	Complete as of:
Staff Initials:	Staff Initials:

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REV. 03.05.2024

Commercial Cannabis Cultivation License Annual Renewal Form

Current License Type and Number:

_____

PARCEL INFORMATION

Parcel Number(s)
Parcel Address(es)

APPLICANT(s) INFORMATION

Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		
Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		

AFFIRMATION AND CONSENT

Licensee must sign in wet blue ink only, no electronic signatures. Attach additional pages as needed.

I/We consent to at least one compliance inspection of the cultivation site to confirm compliance with the requirements of the Trinity County Cannabis Cultivation Ordinance 17.43.

I/We agree to pay all renewal fees as required by the Cannabis Program in order to receive my Annual Renewal Cultivation License.

Under penalty of perjury under the State of California, I/We 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 renewal, revocation or suspension of a license issued.

Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed

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Commercial Cannabis Acknowledgement Form

The undersigned Applicant(s) and Property Owner(s) acknowledge and agree to the following:

1. Applicant(s) acknowledge that they cannot conduct cannabis related business with a non-licensed entity.
2. Applicant(s) will only employ individuals at least twenty-one (21) years of age, require a federal or state issued proof of identification be carried at all times on the subject parcel, and will comply with all applicable state and federal requirements for payment of payroll taxes, including federal and state income taxes and/or contribution for unemployment insurance, and state workers' compensation liability law.
3. Applicant(s) and Property Owner(s) will comply with all applicable Local, State and Federal laws and regulations.
4. Applicant(s) and Property Owner(s) will comply with Local, State and Federal regulatory agencies.
5. Applicant(s) and Property Owner(s) consent to on-site inspections of their parcel by Trinity County officials and any other reviewing agencies, both before and after license issuance.
6. Applicant(s) and Property Owner(s) agree that all structures on the subject parcel will be built in accordance with applicable Trinity County Building Codes, Environmental Health Codes, and shall conform to any permit requirements.
7. Applicant(s) and Property Owner(s) acknowledge that the information provided with their application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
8. Applicant(s) and Property Owner(s) acknowledge that approval of the application does not provide any property rights or entitlements, and it does not guarantee that a permit will be issued years following.
9. Applicant(s) and Property Owner(s) acknowledge that the application fee is non-refundable - even if the land use request is canceled or abandoned.
10. Applicant(s) and Property Owner(s) acknowledge that, without a complete application, the application may be delayed or terminated if not remedied in a timely manner.
11. Applicant(s) and property owner(s) acknowledge that the Cannabis Division reserves the right to request additional information if necessary to complete review or processing of the application and confirm or promote conformance to ordinance-specific requirements and standards or conform to County policies and procedures.
12. Applicant(s) and Property Owner(s) acknowledge and understand that providing false or inaccurate information to the County at any time may result in denial or revocation of the license, in addition to any applicable criminal penalties.

Under penalty of perjury, I assert that all information, documentation, and other records provided is true and correct to the best of my understanding and belief, and I agree to be bound by, and to fully and timely comply with, all of the foregoing terms and conditions.
Applicant(s) and Property Owner(s) must sign in blue wet ink.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

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TRINITY COUNTY COMMUNITY DEVELOPMENT SERVICES INDEMNIFICATION FORM

The undersigned Applicant(s) and Property Owner(s) hereby agree to the following:

1. Applicant(s) and Property Owner(s) shall defend, indemnify, and hold harmless the County of Trinity ("County"), it's elected and appointed officials, officers, employees, agents, contractors and volunteers from any and all claims, actions, proceedings, or liability of any nature whatsoever (including, but not limited to; any approvals issued in connection with any of the above described applications(s) by County; any action taken to provide related environmental clearance under the California Environmental Quality Act ("CEQA") by County, its advisory agencies, boards, or commissions, including, but not limited to, appeals boards, Planning commission, or Board of Supervisors, arising out of, or in connection with, the County's review or approval of the project or arising out of or in connection with the acts or omissions of the Applicant, its agents, employees or contractors, or relating to any damage to property or persons stemming from the project or the associated commercial cannabis activity. With respect to review or approval, this obligation shall also extend to any effort to attack, set aside, void or annul the approval of the project, including any contention that the project or its approval is defective because a County ordinance, resolution policy, standard or plan is not in compliance with local, state, or federal law. With respect to acts or omissions of the Applicant, its agents, employees or contractors, its obligation hereunder shall apply regardless of Whether the County prepared, supplied, or approved plans, specifications or both. The indemnification shall apply to any damages, costs of suits, attorney fees, or other expenses incurred by the County, its agents, officers, and employees.
2. The obligations of the Property Owner(s) and Applicant(s) under this Indemnification Form shall be a continuing obligation and shall apply regardless of whether the application or any permits, licenses, or entitlements, of any kind, are issued, approved, denied, expired, or terminated.
3. County shall have the absolute right to approve any and all counsel employed to defend the County. To the extent the County uses any of its resources to respond to such claim, action or proceeding, or to assist the defense, the Applicant will reimburse the County upon demand. Such resources include, but are not limited, staff time, court costs, County Counsel's time at its regular rate for non-County agencies, or any other direct or indirect cost associated with responding to, or assisting in defense of, the claim, action or proceedings.
4. For any breach of this obligation, the County may rescind its approval of the project.
5. Applicant(s) shall not be required to pay or perform any settlement unless the settlement is approved in writing by the Applicant(s), which approval shall not be unreasonably withheld. County must approve any settlement affecting the rights and obligations of the County.
6. This agreement shall be construed and enforced in accordance with the laws of the State of California.
7. In any legal action or other proceeding brought by either party to enforce or interpret this Agreement, the venue shall be the Trinity County Superior Court.
8. Applicant(s) shall pay all court ordered costs and attorney fees.
9. The defense and indemnification of the county set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgements rendered in the proceedings.
10. Nothing in this Agreement shall be construed to limit, direct, impede, or influence the County's review and consideration of the project.

APPLICANT'S SIGNATURE

I agree to be bound by and to fully and timely comply with, all the foregoing terms and conditions. Applicant(s) and Property Owner(s) must sign in blue wet ink.		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

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Acknowledgement of Maintaining Existing Site Conditions and Applicable Mitigation Measures

Applicant Name:	Phone Number:	Email:
Mailing Address (P.O. Box or St., City, State, Zip code):		
Applicant Name:	Phone Number:	Email:
Mailing Address (P.O. Box or St., City, State, Zip code):		
Parcel Number(s):	Premise Address(es):	

As the applicant(s) of the above referenced project for this licensing period hereby acknowledge that I will continue to maintain the same site conditions at the aforementioned parcel, as described in the approved California Environmental Quality Act (CEQA) document and Mitigation Measure Table associated with this project. Furthermore, I attest that no activities will occur outside of what is specified in the approved site specific (CEQA) document for the above referenced parcel without providing written notification to the Trinity County Cannabis Division prior to the commencement of such activities and will adhere to and comply with any pre-construction mitigation measures, as outlined in the associated environmental document.

I acknowledge that site conditions will remain consistent with the associated environmental document. Should site conditions be modified from its authorized configuration, it is imperative that, I as the licensee or permittee, provide immediate notification to the Cannabis Division.

Unapproved alterations may lead to additional mitigation measures or corrective enforcement actions from the Cannabis Division or other agencies. Further, this will lead to delays and/or could include the denial/revocation of the application/license prior to its approval/expiration.

I attest that, I have read the entirety of, and initialed each page of, the attached Mitigation Measure Table and I understand these requirements and will be held responsible for any unauthorized site development and understand the importance of maintaining existing site conditions.

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

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Trinity County Cannabis Division
Material Use Acknowledgment Form

List any fertilizers, pesticides, rodenticides, herbicides, fuels, petroleum, solar batteries, or any other concerning product being stored on the property.

Type (ex: Fuel, Fertilizer, etc.)	**Name of Material** (ex: Fox Farm Soil, Bonide Neem Oil, etc.)	**Amount Stored** (lb./oz./ltr.)	**Active Ingredients** (Phosphorus, Potassium, Pyrethrin, Sulfur, etc.)

Applicant(s) must sign in wet blue ink only. Attach additional pages as needed.

Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed

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Trinity County Cannabis Division
Authorization to Enter Private Property

REV. 03.05.2024

The Trinity County Planning Department, as the lead agency, performs an environmental evaluation as required by the California Environmental Quality Act (CEQA) which necessitates entry onto the property so that the property can be inspected and relevant information can be verified. In addition, other State and local reviewing agencies also perform responsible and trustee roles under CEQA which require inspection of the property. The comments received from these agencies assist the Cannabis Division in reviewing the environmental document for your project. In order for the Cannabis Division to perform the evaluation and verify compliance standards on your project, the Cannabis Division and any reviewing agency that will need to actually view the property in order to obtain all relevant information needed to process an application.

By signing this authorization to enter your property, you are granting the reviewing agencies access to your property for the purpose of evaluating your proposed project. The authorization is valid from the date the Cannabis Division receives notice of your proposed project and any monitoring periods thereafter.

After review and consideration of all of the foregoing terms and conditions, those who sign below hereby agree to be bound by, fully and timely comply, with all of the foregoing terms and conditions under penalty of perjury under the State of California. **Applicant(s) and Property Owner(s) must sign be original and in blue wet ink (no electronic signatures). Attach additional pages as needed.**

Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed

Applicants consent to compliance inspections as part of their application process. Inspections will be conducted by county officials during regular business hours Monday through Friday, nine a.m. to five p.m., excluding holidays. Applicants are permitted to participate in the inspection verification or monitoring. If possible, Trinity County will attempt to give twenty-four-hour notice of the inspection via telephone or email.

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Trinity County Cannabis Division
Agent's Authorization Form

REV. 03.05.2024

If an applicant wishes for another person to submit documents on their behalf, edit or view their Commercial Cannabis License then please fill out the agent's contact information and authorize with the applicant(s) signature(s) and date below**. This Agent Authorization is valid for <u>ONE</u> year and requires updating with subsequent renewal applications.** The applicant must submit written documentation requesting revocation to remove the agent's authorization from the file.

APN: _____ **Site Address**: _____

AGENT'S/CONSULTANT'S CONTACT INFORMATION

Agent is authorized for: ☐ **CEQA only** ☐ **Licensing/Admin only** ☐ **Both**

Person or Business Name	Phone Number	Email
Mailing Address		
Company Website		
Person or Business Name	Phone Number	Email
Mailing Address		
Company Website		

APPLICANT(S) INFORMATION

Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		
Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		

APPLICANT'S SIGNATURE

<u>Applicant(s) must sign in blue wet ink.</u>		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

TRINITY COUNTY
PLANNING – CANNABIS
530 MAIN ST., PO BOX 2819
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PROJECT - _____

Trinity County Cannabis Division
Property Owner Permission Form and Affidavit

PARCEL INFORMATION

Parcel Number(s)
Premise Address(es)

LIST OF PROPERTY OWNERS (ATTACH ADDITIONAL PAGES IF NEEDED)

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

I hereby certify that I am the landowner or the landowner's agent of the real property referenced above, where the premises is located, and authorized to complete this form. The above-mentioned applicant has the legal right to occupy the property and may conduct cannabis cultivation activity upon the property.

_____ _____
Signature (Required) Date

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PROJECT - _____

PRIMARY CONTACT INFORMATION (APPLICANT)

Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St, City, State, Zip code)		
Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St, City, State, Zip code)		

I, as the Property Owner(s) notated on this form give permission to the Applicant(s), in accordance with Trinity County's Cannabis Cultivation Ordinances.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Acknowledgment

State of _____}

County of _____}

On _____ before me, _____
Insert Name and Title of the Officer

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) who name (s) is/are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by his/her/their signatures (s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature _____ **(Seal)**

Property owner signature: _____ **Date:** _____