



MENDOCINO COUNTY
CANNABIS FACILITIES BUSINESS LICENSE
APPLICATION

DISTRIBUTION TRANSPORT ONLY - CULTIVATOR

Special Requirements

This application is for a **Distribution – Transport Only Cultivator** license which allows for the transporting of product from a single locally permitted/licensed cultivation site, processing facility, or manufacturing facility to another permitted/licensed site ONLY. This license type does **not** locally authorize transporting product to a retailer. Mendocino County’s Transport Only Cultivator license coincides with the distributor transport only ‘self-distribution’ license at the state level.

The Mendocino County Cannabis Facilities Business License is provisional until a valid State of California license, as required under MAUCRSA, is verified. 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.

SUBMITTAL INSTRUCTIONS

ALL of the following documents must be reviewed and completed prior to application submittal.

Page 3 - Cannabis Facilities Business License Application

Page 4 - Environmental Health Questionnaire

Page 5 - Air Quality Management District 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.

Page 6 - Property Owner Consent Form (If Applicable)

If the applicant is not the property owner, an executed consent form must be included with the submittal of this application.

Page 7 - Acknowledgement of 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.

IMPORTANT INFORMATION

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 Location & Fees

Please remit the completed Cannabis Facilities Business License application to: **Mendocino County Tax Collector at 501 Low Gap Road, Rm #1060, Ukiah, CA 95482**. Please contact the office at (707) 234-6848 or in-person to obtain prorated application fee information.

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
Distribution – Transport Only Cultivator

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.

(For Department Use Only)

CFBL # _____ BAN# _____ Date Issued _____

APPLICATION FEE: \$60

Fees are Non-Refundable

Please make checks payable to:
Mendocino County Tax Collector

The annual license application fee is prorated throughout the year. Please contact the Treasurer-Tax Collector's Office for the proper amount to remit.

This application is for a **Distribution – Transport Only Cultivator** license which allows for the transporting of product from a single locally permitted/licensed cultivation site, processing facility, or manufacturing facility to another permitted/licensed site NOT including a Retailer.

Please indicate which of the following businesses you intend to transport from.

[] Cultivation Site [] Processing Facility [] Manufacturing Facility

Cultivation Permit # _____

Business Name: _____

Business Location Address: _____

Assessor's Parcel Number: _____

Business Mailing Address: _____

Use this address for all business correspondence

Business Telephone: _____ Business Email Address: _____

Applicant

Business Contact (if other than applicant)

Name : _____

Mailing Address: _____

Use this address for all business correspondence

Telephone: _____

Email Address: _____

Applicant Signature _____

Applicant Print Name _____

Date _____

Name : _____

Mailing Address: _____

Use this address for all business correspondence

Telephone: _____

Email Address: _____

Business Contact Signature _____

Business Contact Print Name _____

Date _____

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

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.

FOR DEPARTMENTAL USE ONLY		
PLANNING	BUILDING	SHERIFF
ENVIRONMENTAL HEALTH	AGRICULTURE	TAX COLLECTOR



COUNTY OF MENDOCINO
HEALTH AND HUMAN SERVICES AGENCY
ENVIRONMENTAL HEALTH DIVISION

Environmental Health Questionnaire

Select which materials may be stored on site and the MAXIMUM quantity at any one time.

- | | |
|--|--|
| <input type="checkbox"/> Alcohols (Ethanol/Methanol) _____ | <input type="checkbox"/> Carbon Dioxide _____ |
| <input type="checkbox"/> Butane _____ | <input type="checkbox"/> Propane _____ |
| <input type="checkbox"/> Diesel or Gasoline _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Waste Tailings _____ | <input type="checkbox"/> None / Not Applicable |

Type of Manufacturing (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Mechanical Agitation (Keef) | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Heat Press | <input type="checkbox"/> Butane |
| <input type="checkbox"/> Ice Water | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Carbon Dioxide (CO ²) | <input type="checkbox"/> None / Not Applicable |

For Solar Powered Facilities:

Battery Make and Model _____ Number of batteries on site _____
Gallons of electrolyte/battery _____ Total volume of electrolyte on site _____

CERS ID Number (if applicable) _____ (<https://cers.calepa.ca.gov/>)

Does your facility utilize a septic system or municipal sewer?

If on septic, can it support the operation? _____ Can it support additional employees? _____

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

Applicant Signature: _____

Printed Name: _____

Date: _____

BARBARA A. MOED, PG
Air Pollution Control Officer

DONNA ROBERTS NASH
Program Manager



306 East Gobbi Street
Ukiah, California 95482
(707) 463-4354 Fax: 463-5707
mcaqmd@co.mendocino.ca.us
www.mendoair.org

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.



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)

(Applicant/Leasee Signature)

(Applicant/Leasee Name)



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

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: _____