



CANNABIS CULTIVATION BUSINESS LICENSE APPLICATION

Applicant Information		
Name of Applicant(s):		
Home Phone:	Business Phone:	
Email Address:		
Mailing Address		
City:	State:	Zip:

Cultivation Site Information		
Street Address:		
City:	State:	Zip:
Assessor Parcel Number(s) (APNs):		
Parcel Acreage:	Zoning Designation:	
Driving Directions to Cultivation Site from Ukiah:		

License Types*	
<p>Type C (restricted to a 2,500 square foot growing area)</p> <p><input type="checkbox"/> C (outdoor)</p> <p><input type="checkbox"/> C-A (indoor)</p> <p><input type="checkbox"/> C-B (mixed light)</p>	<p>Type 2 (restricted to a 10,000 square foot growing area)</p> <p><input type="checkbox"/> 2 (outdoor)</p> <p><input type="checkbox"/> 2-A (indoor)</p> <p><input type="checkbox"/> 2-B (mixed light)</p>
<p>Type 1 (restricted to a 5,000 square foot growing area)</p> <p><input type="checkbox"/> 1 (outdoor)</p> <p><input type="checkbox"/> 1-A (indoor)</p> <p><input type="checkbox"/> 1-B (mixed light)</p>	<p>Type 4 (restricted to a 22,000 square foot growing area - minimum 10 acre parcel)</p> <p><input type="checkbox"/> 4-N (nursery)</p> <p><input type="checkbox"/> 4-S (seed nursery)</p>
<p>*If interested in a combination of license types, please indicate the license types by checking the appropriate boxes above and then providing the type and square footage of each in the table below.</p>	

License Type	Square footage of plant canopy (must not exceed maximum allowed)

Planning Permit Type (if applicable)*	
<input type="checkbox"/> Administrative Permit (AP) Administrative Permits are required for : Type 1 or Type 2 cultivation on parcels zoned Timber Production Zone (TPZ) or Forest Land (FL), Type C-A Cottage Indoor cultivation (up to 500 square foot), and eligible RR:10 zoned parcels seeking to forgo the dwelling unit requirement. * Note: If an AP or UP is required, an additional fee will be required upon application submittal.	<input type="checkbox"/> Use Permit (UP) Use Permits are required for: Type C-A Cottage Indoor cultivation (500 – 2,500 square foot), unless located in I-1, I-2, or P-I zoning districts.
Reason for AP:	
<input type="checkbox"/> Type 1 or 2 on TPZ or FL <input type="checkbox"/> Type C-A Cottage Indoor (500 square foot)	<input type="checkbox"/> Forego RR:10 Dwelling Unit Requirement

Agreement to Inspection	
<p>I hereby authorize the Mendocino County Cannabis Program, Department of Agriculture, Department of Planning and Building Services, and/or other appropriate County employees or agents or their designees, including building and fire inspectors, and who may be accompanied by representatives of State agencies or local districts, to enter the property only during normal business hours for the purpose of examining the location to confirm compliance with the provisions of Mendocino County Code Chapter 10A.17 for the purposes of issuing the license being requested, and the provisions that will be set forth in the license that may be issued on the basis of this application. I further agree to pay any fee for such inspections beyond the initial pre-site inspection by a combined inspection team.</p>	
Printed Name of Applicant:	
Signature of Applicant:	Date:

Certification and Site View Authorization
<p>By signing this application you hereby certify:</p> <ol style="list-style-type: none"> 1. I have read and understand Mendocino County Code Chapter 10A.17. 2. I have read and understand Mendocino County Code Chapter 20.242. 3. I have read this completed application and to the best of my knowledge, the information in this application, all attached appendices and exhibits are complete and correct. I understand that failure to provide any requested information or any misstatements submitted in support of the application shall be grounds for refusal of application acceptance, denial, suspension, or revocation of a permit issued on the basis of such misrepresentations, or for seeking of such further relief as may seem proper to the County.

4. I grant permission for Mendocino County Cannabis Program and Planning and Building Services staff, and hearing bodies to enter upon and site view of the premises for which this application is made in order to obtain information necessary for the preparation of required reports and render its decision

Printed Name of Applicant:

Signature of Applicant:

Date:

Indemnification and Hold Harmless

ORDINANCE NO. 3780, adopted by the Board of Supervisors on June 4, 1991, requires applicants for discretionary land use approvals, to sign the following Indemnification Agreement. Failure to Sign this agreement will result in the application being considered incomplete and withheld from further processing.

INDEMNIFICATION AGREEMENT

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, as more particularly set forth in Mendocino County Code Section 1.04.120, from any claim, action, or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void, or annul the approval of this application or adoption of the environmental document which accompanies it. The indemnification shall include, but not be limited to, damages, costs, expenses, attorney fees, or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, whether or not there is concurrent, passive or active negligence on the part of the County, its agents, officers, attorneys, employees, boards and commissions.

I, _____, hereby agree to the above Indemnification Agreement.

Property Owner or Applicant Signature:

Date: