



**COUNTY OF MENDOCINO  
CANNABIS DEPARTMENT**

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<https://www.mendocinocounty.org/departments/cannabis-department>

## AGENT CONSENT FORM

This form shall be used by the applicant/licensee to authorize and identify an individual or business entity who they wish to act on their behalf regarding their application/license as an "agent". This authorization allows the designated agent to submit/receive information and make changes to the application/license on the behalf of the applicant/licensee. This authorization does not allow the agent to sign documents on the behalf of the applicant/licensee. This form must be completed and signed by the applicant/licensee who has been identified and disclosed on the license application. Applicants/licensees may withdraw their authorization at any time by re-submitting this form with the withdrawal information completed. Note: Only one agent may be authorized at any given time.

### APPLICANT INFORMATION

Applicant Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Application/License #: CAN\_ \_\_\_\_\_ - \_\_\_\_\_

### REQUEST

- I wish to authorize an agent – Complete Section A
- I wish to withdraw authorization previously provided – Complete Section B

### SECTION A – AUTHORIZATION FOR AGENT

Complete this section to authorize an individual or business entity to act as your agent regarding your County of Mendocino Cannabis Program application/license to cultivate cannabis

Agent Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- If the agent listed above is also your Designated Responsible Party (DRP) for your state cannabis cultivation license, please check this box.

The applicant/permittee hereby waives any applicable privilege and confidentiality and authorizes the permitting authority to disclose to the agent identified above both public and nonpublic information related to the application(s)/license(s) identified in the "Applicant Information" section of this form.

### SECTION B – WITHDRAWAL OF AUTHORIZATION

I wish to withdraw authorization provided previously to \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that consent is not required for any exchange of information between State and Local Government Agencies as consent is implied by submission of an application to cultivate cannabis.*