



MENDOCINO COUNTY
CANNABIS FACILITIES BUSINESS LICENSE
APPLICATION

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 for the following cannabis-related business types:

- Processing Facilities;
- Manufacturing Facilities;
- Testing Laboratories;
- Retailers/Dispensaries;
- Retailers/Non-Storefront;
- Distribution Facilities; and
- Microbusinesses

IMPORTANT INFORMATION REGARDING DISTRIBUTION

As regulated by the county there are two forms of the Distribution-Transport Only license. If you intend to move product from your locally permitted/licensed cultivation site to a processing, manufacturing or distribution facility only (NOT a retailer), please contact the Mendocino County Tax Collector's Office to obtain the correct application for the **Distribution-Transport Only Cultivator** license as approval by the Planning and Building Services Department may not be necessary. Please refer to the Distribution Questionnaire on Page 9 of this packet for Distribution type details.

Please review pages 3 through 7 prior to beginning the application.

Page 3 - Planning and Building Services Cannabis Facilities Zoning Table

Page 4 - Cannabis Facility Zoning & Permit Requirements

Page 5 - Cannabis Facilities Planning and Building Services Requirements

Page 6 - Cannabis Facility Site Plan Requirements

SUBMITTAL INSTRUCTIONS

Page 7 - Cannabis Facility Site Plan Sample (Site Plan must be included)

Page 8 - Cannabis Facilities Business License Application

Page 9 - Distribution Questionnaire

Please review and understand all license types as evaluation by the Department of Planning and Building Services or the Environmental Health Division may not be required in certain instances.

Page 10 - Cannabis Facilities Business License Building Review Questionnaire

Page 11 - Cannabis Facilities Business License Planning Questionnaire

Page 12 - Environmental Health Questionnaire

Page 13 - 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 14 - Property Owner Consent Form

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

Page 15 - Request for Live Scan Service

You must complete the form in its entirety and present it to a certified and approved Live Scan operator. Fees for the Live Scan procedure will be directly collected by the Live Scan operator. Anyone participating in the operation of the business is required to have a Live Scan criminal history inquiry performed.

If you have previously completed the Live Scan requirement during the Cultivation Permit Application process, you are not required to complete this task again. The necessary documents are included in this packet to assist with the successful completion of this requirement.

Page 16 - Fingerprint Worksheet

Page 17 - 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**



Planning and Building Services Cannabis Facilities Business Zoning Table

Review the following Zoning Table *prior* to beginning the application

If the Zoning Table for your particular cannabis facility indicates the zoning requirement of an Administrative Permit (AP) or a Use Permit (UP), you **must** contact the Department of Planning and Building Services **prior** to submitting your Cannabis Facilities Business License Application to the Mendocino County Tax Collector.

Table 1								
Permit Requirements for Processing, Manufacturing, Testing, Retail, Distribution, and Microbusiness								
			6-A & 6-M	7-A & 7-M	8-A & 8-M	10-A & 10-M	11-A & 11-M	12-M
		Processing*	Manufacturing Level 1 (Non-volatile)**	Manufacturing Level 2 (Volatile)	Testing	Retail/Dispensary	Distribution***	Microbusiness**
Zoning District	RR 2	--	--	--	--	--	--	--
	RR 5	--	--	--	--	--	--	--
	RR 10	--	--	--	--	--	--	--
	R3	--	--	--	--	--	--	--
	RC	AP	AP	UP	UP	UP	UP	UP
	SR	--	--	--	--	--	--	--
	AG	AP	--	--	--	--	--	--
	UR	AP	--	--	--	--	--	--
	RL	AP	--	--	--	--	--	--
	FL	AP	--	--	--	--	--	--
	TPZ	--	--	--	--	--	--	--
	C1	AP	--	--	--	ZC	--	--
	C2	AP	UP	--	ZC	ZC	UP	AP
	I1	ZC	ZC	AP	ZC	UP	ZC	AP
	I2	ZC	ZC	AP	ZC	UP	ZC	AP
PI	ZC	ZC	AP	ZC	UP	ZC	AP	

-- = Not Allowed, ZC = Zoning Clearance, AP = Administrative Permit, UP = Use Permit

* Allowed as accessory to cultivation site (per Mendocino County Code (MCC) Section 20.243.040(A)(2)).

** Allowed as home occupation (MCC Section 20.156) or cottage industry (MCC Section 20.160) to cultivation site.

*** Allowed as an accessory use to other cannabis facility type or cultivation site (per MCC Section 20.243.040(E)(3)).

PLEASE NOTE THAT LIMITATIONS MAY APPLY TO ACCESSORY USES, HOME OCCUPATIONS, AND COTTAGE INDUSTRIES

ZONING TABLE INFORMATION IS ALSO PROVIDED IN TEXT FORMAT ON PAGE 4



Zoning & Permit Requirements

Processing: *trimming, drying, curing, and packaging of cannabis. Includes pre-rolls without infusions or additives.*

No CFBL: Accessory Use*
 CFBL only: Industrial–Limited (I1), Industrial–General (I2), Pinoleville–Industrial (PI)
 CFBL + AP: Rural Community (RC), Agricultural (AG), Upland Residential (UR) Rangeland (RL)
 Forestland (FL), Commercial–Limited (C1), Commercial–General (C2)

Manufacturing (Level 1, non-volatile): *compounding, blending, extracting, and infusing cannabis products using non-volatile solvents or solvent-less methods.*

CFBL only: Industrial–Limited (I1), Industrial–General (I2), Pinoleville–Industrial (PI), Home Occupation**
 CFBL + AP: Rural Community (RC)
 CFBL + UP: Commercial – General (C2), Cottage Industry***

Manufacturing (Level 2, volatile): *compounding, blending, extracting, and infusing cannabis products using volatile solvents.*

CFBL + AP: Industrial–Limited (I1), Industrial–General (I2), Pinoleville–Industrial (PI)
 CFBL + UP: Rural Community (RC)

Testing: *testing of cannabis and cannabis products*

CFBL only: Commercial–General (C2), Industrial–Limited (I1), Industrial–General (I2), Pinoleville–Industrial (PI)
 CFBL + UP: Rural Community (RC)

Retail: *sale and/or delivery of cannabis and cannabis products to customers*

CFBL only: Commercial–Limited (C1), Commercial–General (C2), Accessory Use* (non-storefront only)
 CFBL + UP: Rural Community (RC), Industrial–Limited (I1), Industrial–General (I2), Pinoleville–Industrial (PI)

Distribution: *procurement, storage, quality control, sale, and transportation of cannabis and cannabis products*

CFBL only: As an accessory use to holder of other CFBL license type. Must be on same premises.
 CFBL only: Industrial–Limited (I1), Industrial–General (I2), Pinoleville–Industrial (PI), Accessory Use*
 CFBL + UP: Rural Community (RC), Commercial–General (C2)

Self-Distribution: *distribution of cannabis or cannabis products from a single permitted cultivation site or facility location, or, for a retail location, distribution of products to be sold at that retail site*

CFBL only: Accessory use to holder of other CFBL type or cultivation license. Must be on same premises.

Distribution – Transport Only: *transportation of cannabis and cannabis products*

CFBL only: As an accessory use to holder of other CFBL license type. Must be on same premises.
 CFBL only: Industrial–Limited (I1), Industrial–General (I2), Pinoleville–Industrial (PI), Accessory Use*
 CFBL + UP: Rural Community (RC), Commercial–General (C2)

Microbusiness: *cannabis cultivation, manufacturing, distribution, and retail with single license*

CFBL only: Home Occupation**
 CFBL + AP: Commercial–General (C2), Industrial–Limited (I1), Industrial–General (I2), Pinoleville–Industrial (PI)
 CFBL + UP: Rural Community (RC), Cottage Industry***

Additional Notes

UP = Use Permit; ≈ 6-8 month processing period; apply at Department of Planning & Building Services

AP = Administrative Permit; ≈ 2-3 month processing period; apply at Department of Planning & Building Services

*Accessory Use: Activity allowed with a permitted¹ cultivation site and only for cannabis cultivated on-site.

**Home Occupation: Activity allowed with a permitted¹ cultivation site and on-site residence in permitted home.
 Limitations to a Home Occupation include (but not limited to) the following conditions:
 1. Activity limited to 640 ft² structure space.
 2. One (1) non-family employee allowed.

***Cottage Industry: Activity allowed with a permitted¹ cultivation site and on-site residence in permitted home.
 Limitations to a Cottage Industry include (but not limited to) the following conditions:
 1. Activity limited to up to 2,000 ft² structure space.
 2. Up to three (3) non-family employees allowed.

¹ Permitted refers to cultivations sites that are permitted through the Mendocino County Department of Agriculture.



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES

860 NORTH BUSH STREET • UKIAH • CALIFORNIA • 95482
120 WEST FIR STREET • FT. BRAGG • CALIFORNIA • 95437

JULIA KROG, DIRECTOR
TELEPHONE: 707-234-6650
FAX: 707-463-5709
FB PHONE: 707-964-5379
FB FAX: 707-961-2427
pbs@mendocinocounty.org
www.mendocinocounty.org/pbs

BUSINESS LICENSE REVIEW BY PLANNING AND BUILDING SERVICES

Required:

- 1) A site plan displaying the required information on Page 6 (*sample on page 7*)

Additional requirements, if applicable:

Your business may also require that you obtain a building permit from the Planning and Building Services prior to receiving your business license. Below are some examples, but not all that require a permit and approval.

- 1) Changing the character or occupancy of the structure in which the business is located.

Examples:

- a) Using a garage as an office, wood or fix-it shop etc.
- b) Adding a new tenant space, within commercial building.
- c) Changing the existing commercial building space from a warehouse to a retail store or a professional office.
- d) Building a new commercial building.
- e) Using home as a professional office facility i.e. doctor, attorney, dentist, architect, engineer etc.
- f) Any building where customers will present or employees work.
- h) Changing the interior of an existing building for a new business.
- i) Altering, replacing or adding building, plumbing, electrical or mechanical fixtures, appliances, or walls.

- 2) Will have members of the public entering or employees working in any building on a parcel which the business is located.

Examples:

- a) Providing services for customers in a residential or residential accessory building used as your business.
- b) Providing retail and/or payment transactions in a residential or residential accessory building used as a business.
- c) Creating or providing a work station for an employee.

Note: The examples above may not necessarily cover all businesses that could trigger the need for a permit from the Planning and Building Services. So it is important that you speak with the Building Official regarding your business license requirements, and properly complete the Business License Building Review Questionnaire.



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CANNABIS FACILITY SITE PLAN REQUIREMENTS

Your application for a cannabis facility business license must include an 8½" x 11" site plan. The information shown on the site plan should be legible, drawn to scale and must show the following:

1. Property owner's name, property address and Assessor's Parcel Number(s) (APNs)
2. Applicant(s) name
3. Property site address
4. Assessor's Parcel Number
5. Legal parcel configuration clearly shown with *all* property boundaries, dimensions and acreage.
6. Cannabis facility location (which building(s), size of structure(s), **distance to properties**).
7. Scale (if applicable)
8. North arrow
9. If applicable, grow site location, size of area with **distance to property lines**. Noted whether indoor/outdoor

Roadways

10. Adjacent streets, both public and private, and any access easements.
11. Distance from the centerline of any public or private roadway to property line.
12. Driveways, parking and loading areas, including the size of parking spaces and setbacks from property.
13. Access to site from nearest public road.

Structures

14. All *existing* structures clearly labeled with **use and distance from property line**.
15. Proposed structure or additions (if applicable), clearly labeled with **use and distance to property lines**.
16. Location of any occupied residential structure located on a separate legal parcel with distance noted to grow site.
17. Fences and retaining walls (indicated height and material).

Utilities

18. Utility lines and public utility easements (power, water, sewer, etc).

On-Site Septic

19. Existing and proposed septic systems and leach field areas, including replacement field.

Water Source(s)

20. Water wells with distances to any structures, septic systems and property lines.
21. Water storage tanks (include size) and distance to property lines.
22. Springs, ponds, rainwater catchment and any other water source not stated.

Site/Habitat Conditions

23. Lakes and streams, to be identified with names if appropriate.
24. Flood Plain/Flood Way (if applicable)
25. Woodland area
26. Wetland/riparian area
27. Hedgerows
28. Ground disturbance area

Site plans which **WILL NOT** be acceptable:

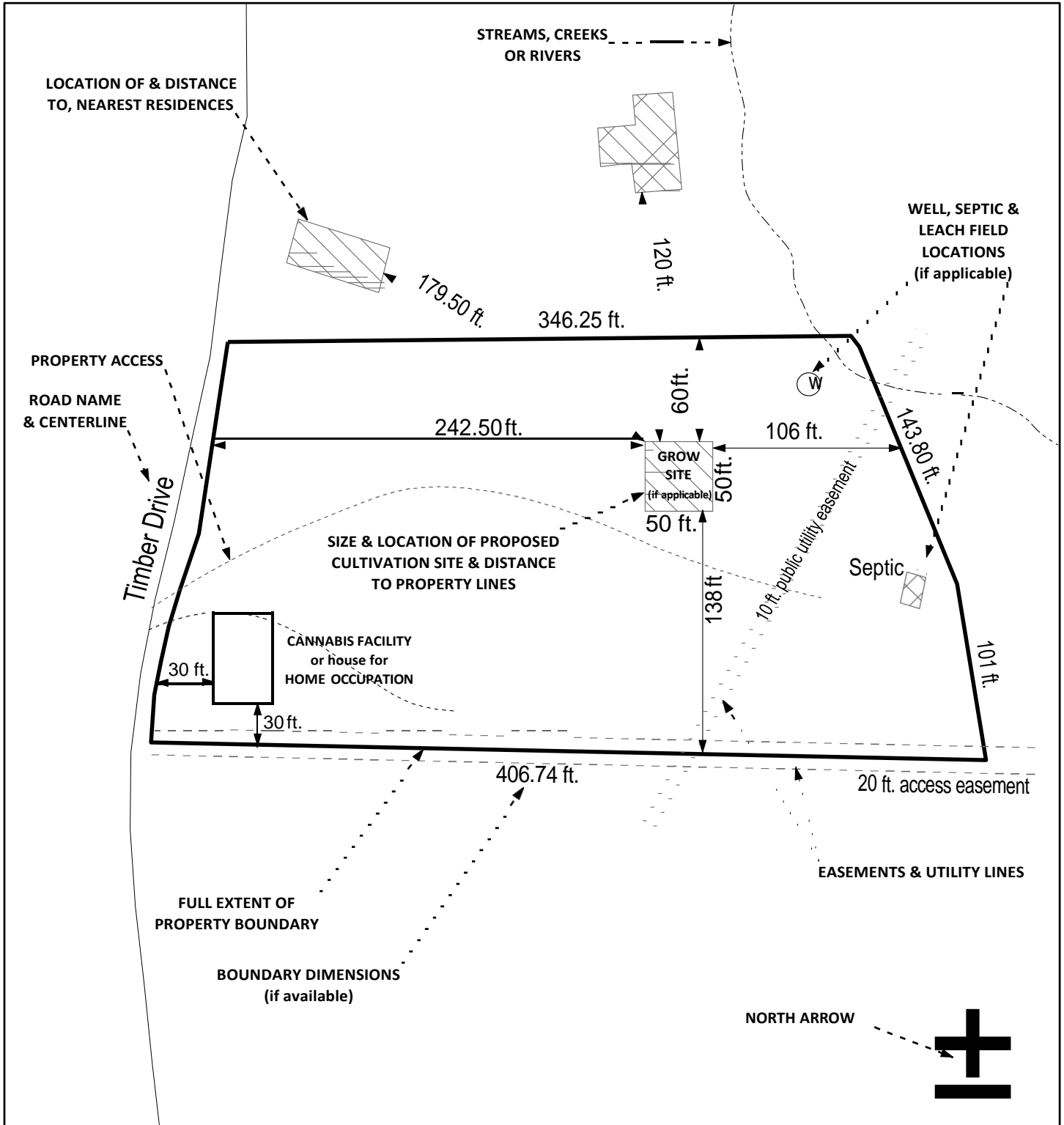
- Copies from the CALFIRE application
- Portions of larger, scaled site plans. (Must show entire boundary of parcel)
- Copies of site plans previously used with approval signatures from previous building permits.
- Copies of previously used site plans with "white out" areas.

NOTE: Upon submission and review, staff may request more information before processing the application.

FAILURE TO INCLUDE ANY OF THE REQUIRED INFORMATION MAY RESULT IN THE REJECTION OF YOUR APPLICATION AND THE DELAY OF PROCESSING YOUR PERMIT APPLICATION, OR INVALIDATE YOUR APPROVED PERMIT.

SITEPLAN

SAMPLE CANNABIS FACILITIES SITE PLAN



SITE PLAN MUST INCLUDE ALL RELEVANT INFORMATION

APPLICANT: _____

OWNER: _____

APN(s) (LEGAL PCLS): _____

FACILITY LOCATION: _____



County of Mendocino
Cannabis Facilities Business
License Application

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 _____

Business Type: (Please check one type per application – Microbusiness please see box below)

- | | | |
|--|---|---|
| <input type="checkbox"/> Retailer/Dispensary | <input type="checkbox"/> Manufacturing-Level 1 | <input type="checkbox"/> Distribution |
| <input type="checkbox"/> Retailer/Non-Storefront | <input type="checkbox"/> Manufacturing-Level 2 | <input type="checkbox"/> Distribution |
| <input type="checkbox"/> Processing | <input type="checkbox"/> Testing Laboratory | <input type="checkbox"/> Transport Only |
| <input type="checkbox"/> Processing - Accessory* | <input type="checkbox"/> Self-Distribution – Accessory* | |

*Accessory licenses are operated only as a component of another licensed Cannabis Facilities Business

Microbusiness Only: (Please check a minimum of three types)

- Cultivation Distribution Manufacturing-Level 1 Retailer
- Cultivation Permit # _____

APPLICATION FEE:	\$636
Annual License Fee**	\$60
Planning/Building	\$421
Environmental Health	\$155
Environmental Health Fee NOT applicable for Self-Distribution Business type	
<u>Fees are Non-Refundable</u>	
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.	

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 : _____

Name : _____

Mailing Address: _____

Mailing Address: _____

Use this address for all business correspondence

Use this address for all business correspondence

Telephone: _____

Telephone: _____

Email Address: _____

Email Address: _____

Applicant Signature

Business Contact Signature

Applicant Print Name

Business Contact Print Name

Date

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



CONTACT INFORMATION
501 Low Gap Road
Room 1060
Ukiah, California 95482
TELEPHONE: (707) 234-6848
Web:

www.mendocinocounty.org/TTC

COUNTY OF MENDOCINO
TREASURER TAX – COLLECTOR

Distribution Questionnaire

(Not to be completed by microbusiness applicants)

The County of Mendocino has established three types of licenses for distribution. Below are the three types of licenses that may be applied for by those operating in the County of Mendocino.

PLEASE NOTE: As regulated by the county there are two forms of the **Distribution–Transport Only** license. If you intend to move product from your locally permitted/licensed cultivation site to a processing, manufacturing or distribution facility **only** (NOT a retailer), please contact the Mendocino County Tax Collector’s Office to attain the correct application for the **Distribution–Transport Only Cultivator** license as approval by the Planning and Building Services Department may not be required.

Please select the type of distribution for which you are applying.

Distribution **Self-Distribution** **Distribution–Transport Only**

Number of vehicles to be used from the site: _____

DISTRIBUTION: A distribution license allowing for the procurement, sale, and transportation of cannabis and cannabis products between licensees including distribution to retailers. After local approval, a distributor license must be obtained at the state level.

SELF-DISTRIBUTION (For Accessory Use Only): A distribution license provided as accessory to a cultivation site, or other locally permitted/licensed cannabis facilities business including retail, that is limited to the distribution of cannabis cultivated, processed or manufactured at that location to another permitted/licensed cannabis facilities business. If you are a retailer, this license allows for the distribution of cannabis or cannabis products to be sold at that location to a consumer. After local approval, a distributor license must be obtained at the state level.

DISTRIBUTION–TRANSPORT ONLY: As regulated by the county, there are two forms of the Distribution - Transport Only license;

DISTRIBUTION–TRANSPORT ONLY: A distribution license, NOT as an accessory to a cultivation site or any other cannabis facilities business, allows a driver to transport cannabis goods **only** between permitted/licensed cultivation sites, processing, manufacturing or distribution facilities (NOT a retailer). After local approval, a distributor – transport only license must be obtained at the state level.

DISTRIBUTION–TRANSPORT ONLY CULTIVATOR: **Contact the Treasurer-Tax Collector’s Office for this application!** A distribution license provided as accessory to a cultivation site, or other locally permitted/licensed cannabis facilities business that is limited to the distribution of cannabis cultivated, processed or manufactured at that location to another permitted/licensed cannabis facilities business **OTHER THAN RETAIL**. After local approval, a distributor transport only ‘self-distribution’ license must be obtained at the state level.

All applicants that are approved at both the local and state levels are subject to the limitations of local ordinance.



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DEPARTMENT OF PLANNING AND BUILDING SERVICES
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BUSINESS LICENSE BUILDING REVIEW QUESTIONNAIRE

The Department of Planning and Building Services is responsible for all structural and life safety concerns in the construction, demolition or alteration of buildings including, but not limited to, matters such as electrical and plumbing permits, HVAC systems, Title 24 energy standards and disabled access pursuant to Title 24 Chapters 11A & 11B Accessibility standards.

Site Location: _____ APN: _____

Previous Use: _____

Business Name: _____ Type of Business: _____

Business Contact: _____

Phone Number: _____ Email: _____

Property Owner(s): _____

Do you plan on making any structural or non-structural improvements such as, enlarge, extend, reconstruct, or alter the building in use, design or arrangement? Please describe:

Do you plan on modifying the existing electrical, mechanical or plumbing systems? Please describe:

Are you demolishing any portion of the structure; interior or exterior, structural or non-structural? Please describe:

Signature of Owner/Operator: _____ Date: _____

Print Name of Owner/Operator: _____

NOTE: "Stop Work" orders will be issued by the Building Official if construction is done without required permits.

All contractors and subcontractors must possess a current Mendocino County business license.

The contractors and subcontractors must have current workman's compensation and must be bonded.

Building permits are issued to the licensed contractor, property owner or a certified agent.



Cannabis Facilities Business License Planning Questionnaire

1. Please provide a short description of the proposed cannabis facility structure(s). Include square footage of the structure(s) and clearly identify the structure on the site plan.

2. Please indicate what products/services will be provided by the facility.

3. Is the proposed cannabis facility located **at least** 1000 feet (manufacturing level 2 facilities or microbusinesses with cultivation) or **at least** 600 feet (all other facilities) from any school, youth-oriented facility, park, church, or residential treatment facility?
(Please note that the Planning & Building will do their own review to ensure this answer is accurate)
 NO YES
4. How many off-street parking spaces will be provided? _____ How many accessible spaces? _____
(Please note that all cannabis facilities need off-street parking; please check with Planning & Building for the minimum number of required spaces)
5. Will the cannabis facility have any exterior signage?
 NO YES; size _____ ft² (Please also indicate location on plot plan)
6. Will the business operation maintain a fleet of vehicles? NO YES; explain further below
(Must answer if doing distribution; any vehicle(s) used in the transportation of cannabis or cannabis products is considered part of the "fleet")
 Number of vehicles: _____ Storage location if off-site: _____
 Location of refueling and servicing: Off-site On-site; fuel stored in _____ gal tank(s).
7. What is the structure's source of electricity?
 PG&E Generator Renewables Other (specify) _____
 For generators and renewables - Size of engine/battery: _____ gal Fuel Type: _____
8. What is the premise's source of water?
 Well District Spring Delivered Other (specify) _____
9. How will wastewater be removed from the premises?
 Septic District Other (specify) _____
10. Will you have customers coming to the cannabis facility? NO YES
11. How many employees will the business have? _____ FOR MANUFACTURING ONLY
- M1. What type of solvent is being used? _____
- M2. How much of the solvent is stored on-site? _____
- M3. Please describe the **extraction process** in detail: _____

- M4. What products are being manufactured? _____

- M5. Will you be manufacturing any food products? NO YES

*Please submit this **COMPLETED** questionnaire with the Cannabis Facilities Business License application; failure to do so may result in delays in the review process by the Department of Planning and Building. Put N/A for any none applicable questions.



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.

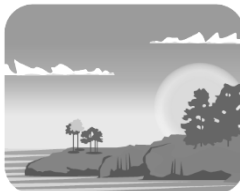
Applicant Signature: _____

Printed Name: _____

Date: _____

DOUGLAS GEARHART
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)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0230000

ORI (Code assigned by DOJ)

Cannabis Facilities BL

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Cannabis Program

Authorized Applicant Type

Contributing Agency Information:

MCSO

Agency Authorized to Receive Criminal Record Information

951 Low Gap Road

Street Address or P.O. Box

Ukiah

City

CA 95482

State ZIP Code

03667

Mail Code (five-digit code assigned by DOJ)

Contact Name (mandatory for all school submissions)

(707) 463-5657

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number: AG(R)-20

OCA Number (Agency Identifying Number)

Level of Service:



DOJ



FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



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

FINGERPRINT WORKSHEET

Business Name:	
Business Mailing Address:	

Note to Applicant:

The following individuals must have LiveScan fingerprints taken: each business owner, partner, and operator/manager (if they are not the owner). The following will result in a failed LiveScan: "a violent felony as defined in Penal Code section 667.5(c) within the State of California, or a crime that would have constituted a violent felony as defined in Penal Code section 667.5(c) if committed in the State of California and is not currently on parole or felony probation. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere (6.36.060(C))."

Each applicant is required to separately complete the attached *Request for Live Scan Service* form and present it at a certified and approved LiveScan location. The Live Scan results will be sent to the Mendocino County Sheriff's Office. The Sheriff's Office will notify the Treasurer-Tax Collector whether individual(s) listed below has passed or failed.

Please provide the following information regarding individuals from your cannabis facility that will need to have fingerprints taken:

Name	Title	Date Fingerprints Taken	* <u>Exempt</u> Check Box

Note: Please return this form and a copy of LiveScan receipts to the Treasurer-Tax Collector once all fingerprints have been taken. This mandate is required to be completed within ten (10) days of submitting your application.

***Exempt – If you have previously completed the LiveScan requirement during the Cultivation Permit Application process, you are not required to complete it again. Please check the applicable box above if you are exempt at this time.**



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: _____