



**COUNTY OF MENDOCINO
CANNABIS DEPARTMENT**
860 NORTH BUSH STREET
UKIAH, CALIFORNIA 95482

CONTACT INFORMATION
PHONE: 707-234-6680

mcdpod@mendocinocounty.gov

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

INSTRUCTIONS AND ADDITIONAL INFORMATION FOR APPLICATION OF CANNABIS CULTIVATION REASSIGNMENT CCBL (TRANSFER)

READ ALL OF THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT THIS APPLICATION:

Applicants and CCBL holders can reassign their Mendocino County Cultivation Cannabis Cultivation Business License (CCBL). The streamlined renewal application and process is available online here:

<https://www.mendocinocounty.org/government/cannabis-cultivation/forms-and-resources>, or can be picked up at the Mendocino Cannabis Department's office in Ukiah.

When completing the application, the current CCBL Holder and the proposed Assignee must complete all sections of the application as indicated on the application, check all applicable boxes, and supply all required documentation called out in the application. Incomplete applications will not be accepted.

Applications may be submitted in-person, by emailing MCDPOD@mendocinocounty.gov, or by mail, to: Mendocino Cannabis Department 860 N. Bush Street, Ukiah, CA 95482. Applications may be completed via DocuSign provided arrangements have been made with the department.

No application will be accepted without payment of the application fee of **\$318.00**. A receipt will be issued for the payment of this fee.

All submitted applications must have a complete Mendocino County Treasurer – Tax Collector Commercial Cannabis Business Tax Registration form attached.

Applications will be reviewed by County Staff for completeness and requests will be made for additional documentation, if necessary. No CCBL will be reassigned until all required documentation is submitted.

After the above notification, the Cannabis Program will notify the Department of Cannabis Control (DCC) that the application for reassignment is in good standing with the County for the Assignee.

If the Assignee is an entity, provide all documentation demonstrating the formation and structure of the entity include the currently formal documentation naming the current Executive or Manager responsible for the business affairs of the entity. As an example, the most current filed Statement of Information (SOI) for a corporation would satisfy this requirement.

The Assignee is not legally allowed to engage in cultivation activities as a CCBL holder until the CCBL has been issued to the Assignee and the Assignee has obtained a State Cultivation License.

APPLICATION TO ASSIGN MENDOCINO COUNTY CANNABIS CULTIVATION CCBL AND AFFIDAVIT OF EXISTING CCBL HOLDER AND ASSIGNEE

For Office Use Only

Accepted By: _____

Date: _____

App fee collected: \$ _____

Receipt #: _____

State Workbook: _____

Mendocino County Cannabis CCBL Number (must be an issued CCBL that is not expired):	
Cultivation Site Address:	Street: _____ City: _____ State: <u>CA</u> Zip: _____
Parcel Number(s):	
Applicant Name (*Assignee):	
Mailing Address:	Street: _____ City: _____ State: ____ Zip: _____
Phone Number:	
Email:	

*The Assignee may be anyone named as a person as defined by MCCO 10A.17.020 - "Person" means an individual, firm, partnership, joint venture, association, corporation, limited liability company, estate, trust, business trust, receiver, syndicate, or any other group or combination acting as a unit and includes the plural as well as the singular number.

LICENSEE INFORMATION	
Existing Licensee's Name:	
Mailing Address:	Street: _____ City: _____ State: _____ Zip: _____
Phone Number:	
Email:	

AFFIDAVIT OF LICENSEE

IF LICENSEE IS DECEASED OR INCAPACITATED, CHECK THIS BOX AND DO NOT SIGN BELOW - Provide the name and contact information of person currently responsible for the affairs of the person named as the CCBL holder along with a written description of the circumstances and any associated legal documentation. Attach all documentation to this application. You will be notified of further requirements, after legal review, before this application will be further processed.

I/We hereby request that the above listed Mendocino County Cultivation CCBL be assigned to the above-identified Assignee. Upon approval of this CCBL assignment, I/We hereby surrender my/our Mendocino County Cultivation CCBL and relinquish all interest in said CCBL. I/We declare that the forgoing is true and correct.

_____ **Date**

_____ **Signature of Licensee**

AFFIDAVIT OF ASSIGNEE

I/We state that we meet all the requirements of the Mendocino County Cannabis Cultivation Ordinance (MCCO) and request that Cannabis Cultivation CCBL Number _____ be assigned as requested above. I/We agree to provide all necessary documentation as required in the affidavit, attesting to the Assignee's agreement to comply with all terms and conditions, including the original compliance agreement for the existing CCBL if any, and all other applicable laws and regulations. I/we declare that the forgoing is true and correct.

_____ **Date**

_____ **Signature of Assignee**

REQUIRED DOCUMENTS TO BE ATTACHED

Documents Required of the Current Licensee that must be included with this Application:

- YES A copy of the active or under review, Mendocino County Cannabis Cultivation CCBL – if the issued CCBL for the site is expired, THIS APPLICATION WILL NOT BE ACCEPTED.
- YES A copy of the Compliance Plan, if one was required, for the original issuance of the cultivation CCBL.

Documents required of the Assignee (proposed new CCBL holder) that must be included with this Application:

- YES Treasure Tax Collector Commercial Cannabis Cultivation Tax Registration Form
- YES Treasure Tax Collector Cannabis Program Participant Tax Imposed Form
- YES A new Site Plan **if changes have been made** since the cultivation/nursery CCBL was last issued or renewed.
- YES A new Cultivation & Operations Plan **if changes have been made** since the cultivation/nursery CCBL was last issued or renewed.
- YES If the Assignee is other than an individual or individuals, attach all supporting legal documentation that the entity is legally established and naming all officers, members, and individuals who are primarily responsible for conducting business on behalf of the entity.
- YES Government issued photo ID of the individual(s) named as Assignee or of the person(s) signing the application on behalf of an entity.
- YES Property owner consent form, if the Assignee does not own the property.

CHAMISE CUBBISON
AUDITOR-CONTROLLER
TREASURER-TAX COLLECTOR



CHEYANNE GORDON
ASSISTANT TREASURER-TAX
COLLECTOR

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

Cannabis Program Participants – Tax Imposed

CULTIVATION

- 1) Gross Receipts – 2-1/2% (Payable on a calendar quarterly basis);
- 2) At calendar year end, if the below minimum requirement is not met, an invoice will be sent for the balance due.

Cultivating Pursuant to License Type: Cottage	Cultivating Pursuant to License Type: Type 1	Cultivating Pursuant to License Type: Type 2
Minimum Due - \$1,250	Minimum Due - \$2,500	Minimum Due - \$5,000

DISPENSARY – RETAIL

Gross Receipts – 5% (Payable on a calendar quarterly basis)

FACILITY & NURSERY

Flat Rate - \$2,500
(Payable as lump sum or four equal quarterly calendar payments)

PLEASE SIGN BELOW

I have read and understand that my participation in the Mendocino County Cannabis Program requires payment of taxes imposed per Chapter 6.32 – Cannabis Business Tax.

Print Name _____ Signature _____

Mailing Address _____ CCBL _____

Phone _____ Date _____

FOR DEPARTMENT USE ONLY

BATCH#	ENTER DATE	TRUST TAX#	BAN#
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Mendocino County Treasurer-Tax Collector

501 Low Gap Road, Room #1060

Ukiah, CA 95482

(707) 234-6848

***Commercial Cannabis Cultivation
Business Tax Registration Form***

Business Name:

**Cultivation
License Applicant
Name:**

(Applicant name MUST match cultivation applicant name)

Situs Address:

(Street Address)

(City)

(State)

(Zip Code)

Parcel Number:

NOTE: The following business contact information will be used for ALL department correspondence pertaining to this license

Business Contact:

**Business Mailing
Address:**

(Street Address)

(City)

(State)

(Zip Code)

Business Phone:

Business Email:

CCBL:

License Type:

- Cottage
 Type 1
 Type 2
 Nursery

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

Authorized Signature

Date of Signature

Printed Name

Title