# Commercial Cannabis License (CCL) Transfer Form

## (Licensee(s) Release of Interest)

Please check one:

- ☐ Applicant is Transferring Commercial Cannabis License with Sale of Property
- ☐ Applicant is Transferring to Another Party unrelated to Sale of Property or to Business Partner(s)

<table>
<thead>
<tr>
<th>CCL - _______________</th>
<th>License Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parcel Number(s):</td>
<td></td>
</tr>
<tr>
<td>Parcel Address(es):</td>
<td></td>
</tr>
</tbody>
</table>

## Current Licensee(s):

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address (P.O. Box or St., City, State, Zip code)</td>
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## Recipient of License Transfer:

*This will be the main contact for any questions regarding this application, site inspections, and any other information. This name and the business name will appear on an issued license.*

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The applicable fees established in Trinity Code section 17.43.090 are due at the time of filing of this request, as well as payment of any outstanding balance.

A complete application packet, including a Commercial Cannabis Indemnification Form and Commercial Cannabis Acknowledgement Form, each signed and executed by the recipient of the license, is required when filing this request.

By signing this transfer request, the current licensee agrees to release any applicable rights, results, authorities, entitlements, and deposits associated with this license.

By signing this transfer request, the recipient of the license agrees to assume and accept all rights, results, authorities, entitlements, commitments, conditions, and costs associated with the transfer of this license. Recipient of the license also acknowledges and agrees that the premises containing the cultivation site will be subject to inspection, and that providing false or inaccurate information to the County at any time may result in revocation of the license in addition to any applicable criminal penalties.

CCL: _______________________

License Type: ______________________________________

License Transfer Fee: _______________________________

I, as the Current Licensee give permission to transfer the above referenced Trinity County Cannabis License to the Recipient of License Transfer.

Current Licensee(s):

____________________________________   ____________________
Sign                                   Date

____________________________________   ____________________
Sign                                   Date

Recipient of License Transfer:

____________________________________   ____________________
Sign                                   Date

____________________________________   ____________________
Sign                                   Date

The Signatures on this form MUST be accompanied by an acknowledgment from a notary public.
ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of ____________________________

County of ____________________________

On ______________________________ before me, __________________________________

personally appeared ____________________________________________, who proved to me on the basis of satisfactory evidence to be the person(s) who name(s) is/are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by his/her/their signatures (s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of ______________________________________________ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature ______________________________________ (Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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County of ____________________________

On ______________________________ before me, __________________________________

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WITNESS my hand and official seal.

Signature ______________________________________ (Seal)