

Trinity County
 Planning and Building Department
 Commercial Cannabis Cultivation

Cannabis License Renewal

TRINITY COUNTY PLANNING AND BUILDING DEPARTMENT

Previous CCL Number	
Proposed Job Address	
APN	
Project Type (select one)	<input type="checkbox"/> Type 1: Up to 5,000 square feet outdoor or 50 plants, \$5000 Fee
	<input type="checkbox"/> Type 1B: Up to 5,000 square feet mixed light or 50 plants, \$5000 Fee
	<input type="checkbox"/> Type 1C: Cottage up to 2,500 square feet or 25 plants, \$2250 Fee
	<input type="checkbox"/> Type 2: Up to 10,000 square feet outdoor, \$6000 Fee
	<input type="checkbox"/> Type 2B: Up to 10,000 square feet mixed light, \$6000 Fee

Applicant Name	
Applicant Phone Number	
Applicant Email	
Applicant Mailing Address	

Applicant Signature:

Please fill out even if the owner is the same as the applicant

Owner Name	
Owner Phone Number	
Owner Email	
Owner Mailing Address	

Owner Signature:

Consultant Name	
Consultant Phone Number	
Consultant Email	

Business Name	
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Zone	
Parcel Size (Acres)	
Water Source	
Water Board Number	

Disclaimer: You have a responsibility to know if your property is restricted by Ordinance No. **315-823, 315-829, 315-830 and 315-841**. We will not issue a refund if your parcel is in violation of the ordinances.

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Agent's Authorization

If you wish for another party to view, or edit your file please have them print and sign below.
Agents will need to show some form of ID when requesting to view or alter your application

Name	Signature

Signature_____

Date_____

Signature_____

Date_____

Signature_____

Date_____

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Acknowledgement Form

- ✓ I acknowledge that by submitting the permit application I acknowledge that I have read and understand the Commercial Cannabis Cultivation License Packet.
- ✓ I attest that I am an “agricultural employer” as defined by the Alatorre-Zenovich-Dunlap-Berman Agricultural Labor Relations Act of 1975; Part 3.5 (commencing with Section 1140) Div. 2 Labor Code
- ✓ **I acknowledge that I cannot cultivate cannabis without both a Trinity County and State license**
- ✓ I acknowledge that I cannot distribute my own product, and must hire a distributor
- ✓ I acknowledge that I cannot conduct cannabis related business with a non-licensed entity
- ✓ I will only employ individuals at least twenty-one (21) years of age, require a Federal or State issued proof of identification be carried at all times on property, and will comply will all applicable state and federal requirements for payment of payroll taxes, including federal and state income taxes and/or contribution for unemployment insurance, state workers’ compensation liability law.
- ✓ I have reviewed Ordinance Nos. 315-823, 315-829, 315-830 and 315-841. I understand the requirements, will comply with the requirements, and understand the consequences of Non-Compliance.
- ✓ I will comply with Local, State and Federal regulator agencies.
- ✓ I consent to onsite inspections of our parcel by the Trinity County officials. Inspections will be conducted by Trinity County Officials during regular business hours Monday-Friday 9:00a.m to 5:00 p.m., excluding holidays. The telephone number listed on my application is the number the County of Trinity can call to provide notice, when possible.
- ✓ I acknowledge that by submitting the permit application I allow onsite inspections; dogs/animals will be locked up, lock gates will be assessable, and weapons will be secured and stored.
- ✓ I consent that all structures on parcel that are utilized for Commercial Cannabis Activities will be built in accordance with applicable Trinity County Building Codes and permit requirements.
- ✓ I acknowledge that the information I provide with my application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
- ✓ I consent to defend, indemnify, and hold harmless the Trinity County from any defense costs, including attorneys’ fee or other loss connected with any legal challenge brought as a result of the Trinity County’s review and/or approval of this Application. I agree to execute a formal agreement to this effect on a form provided by the Trinity County and available for my inspection.
- ✓ I acknowledge that approval of this application does not provide any property rights or entitlements, and it does not guarantee that a permit will be issued years following.
- ✓ I acknowledge that the application fee is non-refundable even if I cancel my land use request, if it is denied during the Planning permit review process, or a condition letter is issued.
- ✓ I acknowledge that without a complete application packet my application will be delayed.
- ✓ I acknowledge that the Planning Department reserves the right to request additional information if necessary to complete review or processing of the application, and confirm or promote conformance to ordinance-specific requirements and standards.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Please sign in blue ink to distinguish that this is an original document Disclaimer: You have a responsibility to know if your property is restricted by Ordinance No. **315-823, 315-829, 315-830 and 315-841**. We will not issue a refund if your parcel is in violation of the ordinances.

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Indemnification Form

I, hereby agree to the following:

1. I have applied with the County of Trinity for permission to cultivate commercial cannabis pursuant to Trinity County Ordinance No. 315-823 (hereafter "Project")
2. Nothing in this Agreement shall be construed to limit, direct, impede or influence the Trinity County's review and consideration of the project.
3. I shall defend, indemnify, save and hold harmless the Trinity County, its elected and appointed officials, officers, employees, agents, contractors and volunteers from any and all claims, actions, proceedings or liability of any nature whatsoever (including, but not limited to; any approvals issued in connection with any of the above described application(s) by County; any action taken to provide related environmental clearance under the California Environmental Quality Act ("CEQA") by County's advisory agencies, boards or commissions, appeals boards, or commissions, Planning Commissions, or Board of Supervisors; and attorneys' fee and costs awards) arising out of, or in connection with the County's review or approval of the project or arising out of or in connection with the acts or omissions of the Applicant, its agents, employees or contractors. With respect to review or approve, this obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the project, including any contention the project or its approval is defective because a County ordinance, resolution, policy, standard or plan is not in compliance with local, state or federal law. With respect to acts or omissions of the Applicant, its agents, employees or contractors, its obligation, hereunder shall apply regardless of whether the County of Trinity prepared, supplied or approved plans, specifications or both.
4. The obligations of the Owner and Applicant under this Indemnification shall apply regardless of whether any permits or entitlements are issued.
5. Trinity County shall have the absolute right to approve any and all counsel employed to defend the County. To the extent the Trinity County uses any of its resources to respond to such claim, action or proceeding, or to assist the defense, the Applicant will reimburse the County upon demand. Such resources include but are not limited, staff time, court costs, County Counsel's time at its regular rate for non-County agencies, or any other direct or indirect cost associated with responding to, or assisting in defense of, the claim, action or proceedings.
6. For any breach of this obligation the Trinity County may rescind its approval of the project.
7. The Applicant shall not be required to pay or perform any settlement unless the settlement is approved in writing by the Applicant, which approval shall not be unreasonably withheld. The County of Trinity must approve any settlement affecting the rights and obligations of the County.
8. This agreement shall be construed and enforced in accordance with the laws of the State of California.
9. In any legal action or other proceeding brought by either party to enforce or interpret this Agreement, the appropriate venue is the Trinity County Superior Court.
10. The Applicant shall pay all court ordered costs and attorney fees
11. The defense and indemnification of Trinity County set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgements rendered in the proceedings.

After review and consideration of all of the foregoing terms and conditions, Applicant, by its signature below, hereby agrees to be bound by and to fully and timely comply with all of the foregoing terms and conditions.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

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Cannabis Ordinance Acknowledgement Form

I, acknowledge that I have read and understand the Ordinance 823. I also acknowledge that I have a responsibility to know if my property is restricted by Ordinance 823 and that Trinity County will not issue a refund if your parcel is in violation of the ordinance.

Signature_____

Date_____

Signature_____

Date_____

Signature_____

Date_____

Please sign in blue ink to distinguish that this is an original document

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Authorization to Enter Private Property

The Trinity County Planning Department as the lead agency performs the environmental evaluation for the California Environmental Quality Act (CEQA). Other State and local agencies also provide responsible and trustee roles under CEQA. The comments received from these agencies assist the Planning Department in preparing the environmental document for your project. In order for the Department to perform the evaluation on your proposed project we will need your permission to allow entry to your property for Planning and any reviewing agency that may need to actually view the property before providing comments.

By signing this authorization to enter your property you are granting the reviewing agencies access to your property for the purpose of evaluating your proposed project. The authorization is valid from the date the Department receives notice of your proposed project and any monitoring periods thereafter.

Signature_____

Date_____

Signature_____

Date_____

Signature_____

Date_____

Please sign in blue ink to distinguish that this is an original document

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Financial Interests Form

All individuals and business entities that have a financial interest in a commercial cannabis business, aside from the applicant, must be listed. Financial interest means an investment into a commercial cannabis business, a loan provided to a commercial cannabis business, or any other equity interest in a commercial cannabis business.

If there are no financial interests please state "none" and sign below.

Name or Business	Amount in Dollars

By signing below, I agree that this statement reflects the financial interests invested in my Cannabis Cultivation venture

Signature_____

Date_____

Signature_____

Date_____

Signature_____

Date_____

Please sign in blue ink to distinguish that this is an original document

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TRINITY COUNTY PLANNING DEPARTMENT

P.O. BOX 2819 ♦ 61 AIRPORT ROAD
WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1351 ♦ FAX (530) 623-1353

ACKNOWLEDGEMENT OF MAINTAINING EXISTING SITE CONDITIONS

License # _____ APN: _____

I, _____, hereby acknowledge that I have continued to maintain the same site conditions documented and as allowed per my 2018/2019 license. Further, I attest that no additional work such as grading, site development, infrastructure placement, tree removal, construction, trenching, operations or activities have occurred outside of what is identified and permitted per above referenced license.

I understand that this application for renewal is completely based and contingent upon site conditions remaining unchanged. Should site conditions be modified from last year's configuration, it is imperative that, I as the Licensee, provide immediate notification to the Trinity County Planning Department of alterations.

Unspecified alterations may/will lead to additional mitigation measures and/or conditions of approval. Further, this will lead to delays and/or could include the revocation/suspension of the license prior to the expiration date of December 31, 2019. Further, unauthorized work will be subject to enforcement by other agencies.

I attest that I understand the importance of these requirements, and I have also instructed my agent and/or the project applicant of the importance of maintaining existing site conditions.

Signed: _____ Date: _____