



**TRINITY COUNTY  
PLANNING – CANNABIS**

530 MAIN ST., PO BOX 2819

PHONE – 530-623-1351

WEAVERVILLE, CALIFORNIA 96093

**Sean Connell, Cannabis Division Director**

**FOR OFFICE USE ONLY**

Permit Number: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## Commercial Cannabis Use Permit

### APPLICATION CHECKLIST

<input type="checkbox"/>	Application (Page 2)
<input type="checkbox"/>	Acknowledgement (Page 3)
<input type="checkbox"/>	Indemnification (Page 4)
<input type="checkbox"/>	Agents Authorization (Page 5)
<input type="checkbox"/>	Maintaining Existing Site Conditions (Page 6)
<input type="checkbox"/>	Authorization to Enter Private Property (Page 7)
<input type="checkbox"/>	Owner Permission Form (Page 8-9)
<input type="checkbox"/>	Project Use Questionnaire (If Applicable) (Page 10-12)
<input type="checkbox"/>	Land Use Entitlement Declaration (Page 13)
<input type="checkbox"/>	Site Operations Plan (If Applicable)
<input type="checkbox"/>	Copy of Live Scan background check(s) provided to State
<input type="checkbox"/>	Copy of any Additional State Required Forms (i.e., Transportation Procedures, Inventory Procedures, Security Procedures, etc.)
<input type="checkbox"/>	Copy of State License
<input type="checkbox"/>	CUP/DUP Zoning Chart (To be filled out at Application Interview)





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## COMMERCIAL CANNABIS ACKNOWLEDGEMENT FORM

The undersigned Applicant(s) and Property Owner(s) acknowledge and agree to the following:

1. Applicant(s) acknowledge that they cannot conduct cannabis related business with a non-licensed entity.
2. Applicant(s) 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 the subject parcel, and will comply with all applicable state and federal requirements for payment of payroll taxes, including federal and state income taxes and/or contribution for unemployment insurance, and state workers' compensation liability law.
3. Applicant(s) and Property Owner(s) will comply with all applicable Local, State and Federal laws and regulations.
4. Applicant(s) and Property Owner(s) will comply with Local, State and Federal regulatory agencies.
5. Applicant(s) and Property Owner(s) consent to on-site inspections of their parcel by Trinity County officials and any other reviewing agencies, both before and after license issuance.
6. Applicant(s) and Property Owner(s) agree that all structures on the subject parcel will be built in accordance with applicable Trinity County Building Codes, Environmental Health Codes, and shall conform to any permit requirements.
7. Applicant(s) and Property Owner(s) acknowledge that the information provided with their application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
8. Applicant(s) and Property Owner(s) acknowledge that approval of the application does not provide any property rights or entitlements, and it does not guarantee that a permit will be issued years following.
9. Applicant(s) and Property Owner(s) acknowledge that the application fee is non-refundable - even if the land use request is canceled or abandoned.
10. Applicant(s) and Property Owner(s) acknowledge that, without a complete application, the application may be delayed or terminated if not remedied in a timely manner.
11. Applicant(s) and property owner(s) acknowledge that the Cannabis Division 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 or conform to County policies and procedures.
12. Applicant(s) and Property Owner(s) acknowledge and understand that providing false or inaccurate information to the County at any time may result in denial or revocation of the license, in addition to any applicable criminal penalties.

Under penalty of perjury, I assert that all information, documentation, and other records provided is true and correct to the best of my understanding and belief, and I agree to be bound by, and to fully and timely comply with, all of the foregoing terms and conditions.

Applicant(s) and Property Owner(s) must sign in blue wet ink.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date



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# COMMERCIAL CANNABIS INDEMNIFICATION FORM

THE UNDERSIGNED APPLICANT(S) AND PROPERTY OWNER(S) HEREBY AGREE TO THE FOLLOWING:

1. Applicant(s) and Property Owner(s) shall defend, indemnify, and hold harmless the County of 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, its advisory agencies, boards, or commissions, including, but not limited to, appeals boards, Planning Commission, or Board of Supervisors) 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, or relating to any damage to property or persons stemming from the project or the associated commercial cannabis activity. With respect to review or approval, this obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the project, including any contention that 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 prepared, supplied or approved plans, specifications or both. The indemnification shall apply to any damages, costs of suit, attorney fees, or other expenses incurred by the County, its agents, officers, and employees.
2. The obligations of the Property Owner(s) and Applicant(s) under this Indemnification Form shall be a continuing obligation and shall apply regardless of whether the application or any permits, licenses, or entitlements, of any kind, are issued, approved, denied, expired, or terminated.
3. County shall have the absolute right to approve any and all counsel employed to defend the County. To the extent the 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.
4. For any breach of this obligation, the County may rescind its approval of the project.
5. Applicant(s) shall not be required to pay or perform any settlement unless the settlement is approved in writing by the Applicant(s), which approval shall not be unreasonably withheld. County must approve any settlement affecting the rights and obligations of the County.
6. This agreement shall be construed and enforced in accordance with the laws of the State of California.
7. In any legal action or other proceeding brought by either party to enforce or interpret this Agreement, the venue shall be the Trinity County Superior Court.
8. Applicant(s) shall pay all court ordered costs and attorney fees.
9. The defense and indemnification of County set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgments rendered in the proceedings.
10. Nothing in this Agreement shall be construed to limit, direct, impede, or influence the County’s review and consideration of the project.

<b>I agree to be bound by and to fully and timely comply with, all of the foregoing terms and conditions. Applicant(s) and Property Owner(s) must sign in blue wet ink.</b>		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date



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PROJECT - _____
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# Trinity County Cannabis Division

## Agent’s Authorization Form

If an applicant wishes for another person to submit documents on their behalf, edit or view their Commercial Cannabis License then please fill out the agent’s contact information and authorize with the applicant(s) signature(s) and date below. The applicant must submit written documentation requesting revocation to remove the agent’s authorization from the file.

**AGENT’S/CONSULTANT’S CONTACT INFORMATION**

Person or Business Name		Phone Number	Email
Mailing Address			
Company Website			
Person or Business Name		Phone Number	Email
Mailing Address			
Company Website			

**APPLICANT(S) INFORMATION**

Legal Name		Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)			
Legal Name		Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)			

**APPLICANT’S SIGNATURE**

<u>Applicant(s) must sign in blue wet ink.</u>		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date



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**Acknowledgement of  
Maintaining Existing Site Conditions  
and Applicable Mitigation Measures**

Applicant Name:	Phone Number:	Email:
Mailing Address (P.O. Box or St., City, State, Zip code):		
Applicant Name:	Phone Number:	Email:
Mailing Address (P.O. Box or St., City, State, Zip code):		
Parcel Number(s):	Premise Address(es):	

As the applicant(s) of the above referenced project for this licensing period hereby acknowledge that I will continue to maintain the same site conditions at the aforementioned parcel, as described in the approved California Environmental Quality Act (CEQA) document and Mitigation Measure Table associated with this project. Furthermore, I attest that no activities will occur outside of what is specified in the approved site specific (CEQA) document for the above referenced parcel without providing written notification to the Trinity County Cannabis Division prior to the commencement of such activities and will adhere to and comply with any pre-construction mitigation measures, as outlined in the associated environmental document.

I acknowledge that site conditions will remain consistent with the associated environmental document. Should site conditions be modified from its authorized configuration, it is imperative that, I as the licensee or permittee, provide immediate notification to the Cannabis Division.

Unapproved alterations may lead to additional mitigation measures or corrective enforcement actions from the Cannabis Division or other agencies. Further, this will lead to delays and/or could include the denial/revocation of the application/license prior to its approval/expiration.

**I attest that, I have read the entirety of, and initialed each page of, the attached Mitigation Measure Table and I understand these requirements and will be held responsible for any unauthorized site development and understand the importance of maintaining existing site conditions.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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## Authorization to Enter Private Property

The Trinity County Planning Department, as the lead agency, performs an environmental evaluation as required by the California Environmental Quality Act (CEQA) which necessitates entry onto the property so that the property can be inspected and relevant information can be verified. In addition, other State and local reviewing agencies also perform responsible and trustee roles under CEQA which require inspection of the property. The comments received from these agencies assist the Cannabis Division in reviewing the environmental document for your project. In order for the Cannabis Division to perform the evaluation and verify compliance standards on your project, the Cannabis Division and any reviewing agency that will need to actually view the property in order to obtain all relevant information needed to process an application.

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 Cannabis Division receives notice of your proposed project and any monitoring periods thereafter.

After review and consideration of all of the foregoing terms and conditions, those who sign below hereby agree to be bound by, fully and timely comply, with all of the foregoing terms and conditions under penalty of perjury under the State of California. **Applicant(s) and Property Owner(s) must sign in blue wet ink, no electronic signatures. Attach additional pages as needed.**

Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed



PROJECT - _____
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## Trinity County Cannabis Division Property Owner Permission Form and Affidavit

### PARCEL INFORMATION

Parcel Number(s)
Premise Address(es)

### LIST OF PROPERTY OWNERS (ATTACH ADDITIONAL PAGES IF NEEDED)

Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code
Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code
Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code

I hereby certify that I am the landowner or the landowner’s agent of the real property referenced above, where the premises is located, and authorized to complete this form. The above-mentioned applicant has the legal right to occupy the property and may conduct cannabis storefront retail activity upon the property.

\_\_\_\_\_  
 Signature (Required)

\_\_\_\_\_  
 Date





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**PRIMARY CONTACT INFORMATION (APPLICANT(S))**

Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St, City, State, Zip code)		
Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St, City, State, Zip code)		

**ACKNOWLEDGMENT**

I, as the Property Owner(s) notated on this form give permission to the Applicant(s), in accordance with Trinity County's Cannabis Cultivation Ordinances.

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, \_\_\_\_\_  
Insert Name and Title of the Officer

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)



PROJECT - \_\_\_\_\_

## PROJECT DESCRIPTION QUESTIONNAIRE

(Include additional pages as necessary)

1. Does the proposed project meet the required commercial cannabis setbacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe the project in full: _____ _____ _____ _____	
3. Please describe the project site. Include improvements such as structures, wells, septic systems, grading, vegetation removal, roads, etc.: _____ _____ _____ _____	
4. Are you grading, or plan to grade, for any roads or building sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, complete the following:	
A. Amount of cut:	_____ cubic yards
B. Amount of fill:	_____ cubic yards
C. Maximum height of cut slope:	_____ feet
D. Maximum height of fill slope:	_____ feet
E. Amount of being imported/exported:	_____ cubic yards
F. Location of borrow/disposal	<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site
5. Will the development of the proposed project be phased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, describe the phases below. Include an attachment if necessary. _____ _____ _____ _____	
6. In order to develop the proposed facility, will it be necessary to:	
A. Remove oak species or commercial tree species?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Make substantial changes to the terrain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will there be employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many employees will be present on the largest shift? _____	
8. How many parking spaces will be provided? _____ How many ADA accessible parking spaces? _____ (American Disabilities Act)	



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9. Please provide an inventory of structures on the property. Include an attachment if necessary.

1.	_____	Existing Use	Proposed Use	Dimensions	_____ ft <sup>2</sup>
2.	_____	Existing Use	Proposed Use	Dimensions	_____ ft <sup>2</sup>
3.	_____	Existing Use	Proposed Use	Dimensions	_____ ft <sup>2</sup>
4.	_____	Existing Use	Proposed Use	Dimensions	_____ ft <sup>2</sup>
5.	_____	Existing Use	Proposed Use	Dimensions	_____ ft <sup>2</sup>

11. Will there be security lighting Yes No | If YES, will the light be cast downward? Yes No

12. Briefly describe the surrounding properties including vegetation, animals, structures, and/or cultural/historic assets?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Utilities will be supplies to the site as follows:

- A. Electricity    Utility Company (existing)    Utility Company (planned)    On-Site Generation: \_\_\_\_\_
- B. Gas            Utility Company (existing)    Utility Company (planned)    On-Site Generation: \_\_\_\_\_    None
- C. Water         Community Water System: \_\_\_\_\_    Well    Spring    Pond    Other: \_\_\_\_\_
- D. Sewage        Community Sewage: \_\_\_\_\_    Septic    Other: \_\_\_\_\_

14. Please provide driving directions to the facility using identifiable landmarks (streets, mailboxes, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**MANUFACTURING**

1. What solvents will be used? (State Non-Volatile if none are planned)

\_\_\_\_\_  
\_\_\_\_\_

2. Will hazardous materials be used? Yes No

3. Will hazardous materials be stored in quantities greater than 55 gallons, 500 pounds, or 200 cubic feet?  
No Yes, specify:

\_\_\_\_\_

4. Will hazardous waste be generated on site? Yes No

5. Please describe the extraction process. Include an attachment if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What products are being made? (ex. Edibles, topicals, tinctures, soap/skin products, etc.)

\_\_\_\_\_  
\_\_\_\_\_

7. How will hazardous (chemicals), natural (trimmings), or other (plastics) materials be disposed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISTRIBUTION**

1. How many vehicles will operate from this facility? \_\_\_\_\_

**MICROBUSINESS**

1. What cannabis uses are proposed?

\_\_\_\_\_

I certify that the information submitted with this application is true and accurate

\_\_\_\_\_  
Print Name of Applicant/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date