## WATER

## **TRINITY COUNTY**

## **BUILDING - ENVIRONMENTAL HEALTH**

61 AIRPORT ROAD, P.O. BOX 476 PHONE - 530-623-1354 FAX - 530-623-1353

PLANNING - CANNABIS

530 MAIN ST., PO BOX 2819 PHONE – 530-623-1351 WEAVERVILLE, CALIFORNIA 96093

## COMMERCIAL CANNABIS APPLICATION/LICENSE WITHDRAW FORM

APPLICATION/LICENSE:	CCL-
APPLICANT NAME/BUSINI	ESS:
PARCEL NUMBER:	
LICENSE TYPE:	
acknowledge that by signing this as referenced above.  Applicant's Signature (Blue Wet Ink of the Control of th	is form I formally withdraw my application/license,  Date: Only - No Electronic Signatures)
	Date:
Applicant's Signature (Blue Wet Ink o	Only – No Electronic Signatures)  unty Received Date Stamp