



## County of Mendocino

Sheriff's Business Office  
589A Low Gap Road  
Ukiah, CA 95482  
(707) 463-4411

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### PERMIT APPLICATION FOR MENDOCINO COUNTY CODE 9.31 EXEMPTION

**Application Fee: \$1,050.00**

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

California Driver's License or Identification Card Number \_\_\_\_\_

*(proof of age required)*

On active parole or probation?  Yes  No Have you ever been convicted of a felony?  Yes  No

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

California Driver's License or Identification Card Number \_\_\_\_\_

*(proof of age required)*

On active parole or probation?  Yes  No Have you ever been convicted of a felony?  Yes  No

**(Attach additional pages as necessary)**

**Any Other Person(s) who will be Engaged in the Management of the Cooperative:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

California Driver's License or Identification Card Number \_\_\_\_\_

*(proof of age required)*

On active parole or probation?  Yes  No Have you ever been convicted of a felony?  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

California Driver's License or Identification Card Number \_\_\_\_\_

*(proof of age required)*

On active parole or probation?  Yes  No Have you ever been convicted of a felony?  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

California Driver's License or Identification Card Number \_\_\_\_\_

*(proof of age required)*

On active parole or probation?  Yes  No Have you ever been convicted of a felony?  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

California Driver's License or Identification Card Number \_\_\_\_\_

(proof of age required)

On active parole or probation?  Yes  No Have you ever been convicted of a felony?  Yes  No

**Name of Your Preferred Inspector:** \_\_\_\_\_

*Must be MCSO Inspector or MCSO Approved Inspector. List available online at [www.mendocinosherriff.com](http://www.mendocinosherriff.com).*

(Attach additional pages as necessary)

**Location & Parcel No. of Cultivation: Street Address** \_\_\_\_\_

**Parcel No.(s)** \_\_\_\_\_ **City, Zip Code** \_\_\_\_\_

**Number of Plants for Requested Exemption** \_\_\_\_\_

**Number of Acres of Legal Parcel** \_\_\_\_\_

**Driving Directions:**

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

**Is there a locked gate at the entrance of this location?**  Yes  No

**If you answered yes above, give name and phone number of contact person:**

\_\_\_\_\_

**Is a 4 wheel drive vehicle necessary to get to this location?**  Yes  No

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

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1. Please provide proof of either, a physician recommendation that the amount to be cultivated is consistent with your medical needs, the needs of the patients for whom you are a caregiver, or a written agreement or agreements, that you are authorized by one or more medical marijuana dispensing cooperatives to produce medical marijuana for the use of the members of said cooperative or collective.

2. If marijuana is to be grown indoors, please describe the square footage, the location, source of power, the number and wattage of lights, and electrical conditions.

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3. Is the cultivation site located outdoors within one hundred (100) feet of any occupied legal residential structure located on a separate legal parcel.  **Yes**  **No**

4. If the marijuana is to be grown outside of any building is the site fully enclosed by a secure fence with a lockable gate at least six (6) feet in height.  **Yes**  **No**

5. Is the site within 1,000 feet of any youth-oriented facility, a school, a park, church, or residential treatment facility?  **Yes**  **No**

6. Is the site located outdoors in a mobile home park as defined in Health and Safety Code section 18214.1?  **Yes**  **No**

7. Is the site located within one hundred (100) feet of an occupied mobile home that is under separate ownership?  **Yes**  **No**

8. Describe exterior signage if any: \_\_\_\_\_

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9. All lights used for the cultivation of marijuana will be shielded and downcast or otherwise positioned in a manner that will not shine light or allow light glare to exceed the boundaries of the parcel upon which they are placed.  **Yes**  **No**

10. Are cultivated marijuana plants visible from the public right of way or from a publicly traveled private road.  **Yes**  **No**

11. Once this permit has been issued, it will be properly displayed at

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(Street Address)

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(City, State, Zip Code)

12. Describe in detail the measures that will be taken to minimize odor-related complaints, or explain why such measures are not necessary:

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13. Describe the proposed security measures for the facility that shall be sufficient to ensure the safety of members and employees and protect the premises from theft: (i.e. Alarms, close circuit video monitoring, etc.)

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14. Describe the proposed source of power for indoor and/or outdoor cultivation (electric utility company, solar, diesel generators), the size of the electrical service or system, and the total demand to be placed on the system by all proposed uses on site. (This statement shall be referred to the Department of Building and Planning and may be referred to the appropriate Fire District for a determination if additional conditions, permits or inspections shall be required.)

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15. If diesel generators are proposed to be used on site, a) a detailed description of the proposed methods of storage; and b) delivery and containment of the diesel fuel must be included with this application. (This statement shall be referred to the Department of Environmental Health and the Air Quality Management District for a determination if additional conditions, permits or inspections shall be required.)

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16. Will the requested use utilize water that has been or is illegally diverted from any stream, creek, or river?  Yes  No

17. Please describe the measures that will be taken to prevent erosion or contaminated runoff into any stream, creek or river, or an explanation of why such measures are not necessary:

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18. If you are organized as a non-profit corporation, please set forth the name of the corporation exactly as shown in its Articles of Incorporation, and the names and residence addresses of each of the officers and/or directors. If you are organized as a partnership, please shall set forth the name and residence address of each of the partners, including the general partner and any limited partners. Copies of the Articles of Incorporation or Partnership Agreement must be attached to this application:

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(Name of Corporation)

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(Name/Address of Officer/Director or Partner)

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(Name/Address of Officer/Director or Partner)

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(Name/Address of Officer/Director or Partner)

**(Attach additional pages if necessary)**

19. Please state whether you or any individual engaged in the management of, or employed by, the collective have been convicted of a violent felony as defined in Penal Code Section 667.5 (c) within the State of California, or a crime that would have constituted a violent felony as defined in Penal Code Section 667.5 (c) if committed in the State of California and are currently on parole or felony probation. A conviction within the meaning of this paragraph means a plea or verdict of guilty or a conviction following a plea of nolo contendere.  Yes  No\_\_\_\_\_

20. If you intend to sell directly to qualified patients or primary caregivers, please attach a Board of Equalization Seller's Permit.

21. Describe in detail your established procedures and systems sufficient to do all of the following:

(a) comply with all applicable state and federal requirements relating to the payment of payroll taxes including federal and state income taxes and/or deductions for unemployment insurance, state workers' compensation and liability laws.

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(b) comply with the membership and verification guidelines as set forth in Section IV B.3. of the Attorney General's Guidelines.

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(c) maintain records of the signed membership applications of all members.

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(d) maintain records of the total amount of marijuana produced.

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(e) track and report all sales subject to sales tax.

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(f) prevent sales or diversion to non-members as set forth in Section IV B.5. of the Attorney General's Guidelines.

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(g) allow reimbursements and allocations of medical marijuana as set forth in Section IV B.6. of the Attorney General's Guidelines.

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**NOTIFICATION TO OWNER**

If you are not the legal owner of the property on which the marijuana is to be grown, please attach proof of notification to the owner of intent to cultivate marijuana on this property:

**ZIP TIE PURCHASE**

I understand that I am required to purchase a zip-tie for each plant subject to this permit:

No. of zip-ties \_\_\_\_\_ Payment in full \$ \_\_\_\_\_

**BUSINESS LICENSE**

Attach a copy of a valid County business license that has been obtained from the office of the Treasurer-Tax Collector.

**ASSESSOR'S PARCEL MAP**

Attach a copy of a valid assessor's parcel map that has been obtained from the Assessor's Office that shows the location of garden.

**WEIGHTS AND MEASURES**

Attach a copy of the inspection receipt issued by the Agricultural Commissioner for all weighing and measuring devices.

**ADDITIONAL INFORMATION**

I hereby authorize the Sheriff to obtain any other information reasonably related to this application including, but not limited to, any information necessary to discover the truth of the matters set forth in this application.

Initial \_\_\_\_\_

**AGREEMENT TO INSPECTION**

I hereby authorize the Sheriff, Fire District, and/or other appropriate County employees or agents or their designees, including building and fire inspectors, to enter the property only during normal business hours for the purpose of examining the location to confirm compliance with the provisions set forth in this permit and Mendocino County Code Chapter 9.31.

Initial \_\_\_\_\_

**CERTIFICATION**

By signing this application you hereby certify:

1. You have read and understand Mendocino County Code Chapter 9.31
2. You have read and understand the Requirements For Compliance With Marijuana Cultivation Ordinance handout
3. All of the information provided in this application is true and correct

**WAIVER AND RELEASE**

I hereby waive and release the County from any and all legal liability related to or arising from this application for a permit, or the enforcement of the conditions of the permit, and understand that the permit applied for will be issued in conformance with the laws of the State of California and that such issuance does not confer upon me and/or managers, employees, and members of the collective immunity from prosecution under federal law.

Initial \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

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