



County of Humboldt

COMMERCIAL CANNABIS ACTIVITY REGISTRATION FORM

Notice

The Civil Code, Section 1798.17, requires that this notice be provided when collecting personal information from individuals. Providing the individual and identifying information requested on the form is voluntary. The purpose of completing and submitting this form is for the County of Humboldt to assess the level of interest of persons to engage in any of the various types of commercial cannabis activities pursuant to the Medical Marijuana Regulation and Safety Act, Business and Professions Code section 19300, et seq. (the “MMRSA”) within the County of Humboldt.

Registration of existing commercial cannabis activities established prior to January 1, 2016 using this form will also permit the County of Humboldt to make a determination that the registrant was in operation and in good standing with the County of Humboldt by January 1, 2016, for purposes of Business and Professions Code section 19321 (c) eligibility for priority processing of state license applications required by MMRSA. Registration does not in any way guarantee that the registrant will be entitled to the issuance of any permit or license which may now or hereafter be required by the County of Humboldt, or that the State of California will in fact accept any certification by the County of Humboldt that the facility or entity was in good standing with the County of Humboldt for purposes of priority processing of any state license application.

You have the right to access records containing your personal information which are maintained by the Humboldt County Planning Department.

Parcel Number of existing or proposed location: _____
Also known as "Fee Number" on your property tax bill.

Name of Business Owner:

Business Location Address:

Mailing Address:

Telephone: _____ Email Address: _____

Name of Property Owner:

Address of Property Owner:

If in operation by January 1, 2016, a description of the location, size (dimensions or area) and nature of commercial cannabis activity and the dates during which the activity was established and operated. Attach available documentation (photos, Google Earth views, etc.) to verify existence of operation.

If proposed, a description of the proposed location, size (dimensions or area) and nature of commercial cannabis activity.

CHECK BOX BELOW TO INDICATE STATE LICENSE TYPE(S) SOUGHT.

Signature of Registrant

Date: _____

State Commercial Cannabis Activity License Type for existing or proposed business.

Cultivation:

Type 1, Specialty Outdoor, no artificial lighting, with 5,000 sq. ft. or less of canopy, or up to 50 plants on noncontiguous plots.

Type 1A. Specialty Indoor, exclusively artificial lighting 5,000 sq. ft. or less of canopy.

Type 1B. Specialty Mixed Light, combination of natural & supplemental lighting with 5,000 sq. ft. or less canopy.

Type 2. Small Outdoor, no artificial lighting, with 5,001 – 10,000 sq. ft. of canopy.

Type 2A. Small Indoor, exclusively artificial lighting, with 5,001 – 10,000 sq. ft. of canopy.

Type 2B. Small Mixed Light, combination of natural & supplemental lighting, with 5,001 – 10,000 sq. ft. of canopy.

Type 3. Outdoor, no artificial lighting, with 10,001 – 43,560 sq. ft. of canopy.

Type 3A. Indoor, exclusively artificial lighting, with 10,001 – 22,000 sq. ft. of canopy.

Type 3B. Small Mixed Light, combination of natural & supplemental lighting, with 10,001 – 22,000 sq. ft. of canopy.

Type 4. Nursery

Manufacturer:

Type 6, Production of medical cannabis products using nonvolatile solvents.

Type 7, Production of medical cannabis products using volatile solvents

Testing:

Type 8 Testing laboratory

Dispensary:

Type 10 General

Type 10A No more than 3 retail sites

Distribution:

Type 11

Transporter:

Type 12
