



**COUNTY OF MONTEREY**  
**RESOURCE MANAGEMENT AGENCY - PLANNING**  
168 WEST ALISAL, 2ND FLOOR, SALINAS, CA 93901  
OFFICE: 831.755.5025 FAX: 831.757.9516

**COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION**

This application is for (Permit Type):

- |   |   |
|---|---|
| <input type="checkbox"/> Type 1A – Cultivation; Specialty Indoor (Small)      | <input type="checkbox"/> Type 6 – Manufacturer 1; Non-volatile    |
| <input type="checkbox"/> Type 1B – Cultivation; Specialty Mixed-light (Small) | <input type="checkbox"/> Type 7 – Manufacturer 2; Volatile        |
| <input type="checkbox"/> Type 2A – Cultivation; Indoor (Small)                | <input type="checkbox"/> Type 8 – Testing                         |
| <input type="checkbox"/> Type 2B – Cultivation; Mixed-light (Small)           | <input type="checkbox"/> Type 10 – Dispensary; General (One Site) |
| <input type="checkbox"/> Type 3A – Cultivation; Indoor (Medium)               | <input type="checkbox"/> Type 10A – Dispensary; Up to Three Sites |
| <input type="checkbox"/> Type 3B – Cultivation; Mixed-light (Medium)          | <input type="checkbox"/> Type 11 – Distributor                    |
| <input type="checkbox"/> Type 4 – Cultivation; Nursery                        | <input type="checkbox"/> Type 12 – Transporter                    |

NOTE: More than one type may be selected. Each permit will be processed individually (Including applicable fees)

- Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Seller's Permit #: \_\_\_\_\_
- Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Telephone: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Assessor's Parcel Number[s]: \_\_\_\_\_
- Building Sq. Ft.: \_\_\_\_\_
- Canopy Area Sq. Ft. (Cultivation Only): \_\_\_\_\_
- Describe the proposed project: \_\_\_\_\_  
\_\_\_\_\_

8. **EMPLOYEES:** Will this business have employees: **YES / NO**  
(If "YES", Complete Commercial Cannabis Business Employee Contact Information Section)

10. **USE PERMIT:** Does the property where the business will be located have an approved Cannabis Land Use Permit: **YES / NO**

*I/We state that as the owner[s] or agent for owner[s] for the development permit application. I/We have read the complete application and know the contents herein. I/We declare under penalty of perjury that the information contained in this application including the plans and documents submitted herewith are true and correct to the best of my/our knowledge. If the project is approved, I/We understand that we may be charged an additional fee for staff time required to satisfy conditions of approval.*

Dated: \_\_\_\_\_ at \_\_\_\_\_, California  
*I declare under penalty that I am authorized by the owner[s] of the described property to make this application.*

Owner's Name [Please Print or Type] \_\_\_\_\_ Agent's Name [Please Print or Type] \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Agent's Signature \_\_\_\_\_

**Some application fees are charged on a deposit basis. Processing hours in excess of the deposit will be billed to the applicant at an hourly rate, prior to issuance of entitlements or permits. Processing hours less than the original fee will be refunded at the same rate after issuance of the entitlements or permits.**

For Department Use Only	
Plan Designation: _____	Area Plan / Land Use Plan: _____
Legal Lot: _____	Zoning Violation Case No.: _____
Property Owner Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>	Height: _____ Lot Coverage _____
Setbacks: F _____ R _____ S _____	Special _____ OPL _____
FAR _____ Fire Haz. _____	SRA _____ Flood _____
Advisory Committee: _____	
Geo. Hazard Zones: _____	Arch. Sensitivity Zone: _____ ESH: _____
Misc.: _____	
Application Given Out By: _____	Date: _____
Application Received By: _____	Date: _____