

**MONTEREY COUNTY
RESOURCE MANAGEMENT AGENCY**

Carl P. Holm, AICP, Director

LAND USE & COMMUNITY DEVELOPMENT | PUBLIC WORKS & FACILITIES | PARKS
1441 Schilling Place, South 2nd Floor Salinas, (831)755-4800
California 93901-4527 www.co.monterey.ca.us/rma



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 No 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: _____