



For Official Use

Cannabis Cultivation Registration Form  
Number:

CCR: \_\_\_\_\_

County of Santa Cruz  
Office of Cannabis Licensing  
701 Ocean Street, Room 520  
Santa Cruz, CA 95060

Phone: 831-454-3833

Email: [CannabisInfo@Santacruzcounty.us](mailto:CannabisInfo@Santacruzcounty.us)

## Cannabis Cultivation Registration Form (REV.1)

### Introduction

The Cannabis Cultivation Registration Form is intended to accomplish the following goals:

- Establish data regarding past, current and planned cannabis cultivation in the unincorporated area of Santa Cruz County.
- Meet the needs of the California Environmental Quality Act (CEQA) review process.
- Establish a pool of registrants that will be authorized to submit an application for the commercial cultivation of cannabis in the unincorporated area of Santa Cruz County once the County adopts a final local cultivation ordinance consistent with the State Medical Cannabis Regulation and Safety Act (MCRSA).

We hope to accomplish these goals through the written registration form, which we have simplified based on feedback from the registration workshops and early adopters. Submitting a registration is not a guarantee that you will be issued a local or State license, but only registered applicants will be allowed to apply for a local license.

### Instructions to the Applicant

The information you provide in this registration form will be used to register you as a cannabis cultivator. We have recently revised this application form to make it easier for cultivators to respond.

- It is your responsibility to complete this form, provide all required information, to the best of your ability.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- Please respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. There is a column to indicate "Don't Know" if you don't know the answer.
- If you need more space for any response, attach additional sheets and identify the additional information by the question number.
- Completed forms will be uploaded to the Cannabis Registration Site.
- Any registrations granted are only valid for one year from the date issued and must be renewed annually.

### Registration Fee:

Please include a certified check, cashier's check or money order for the registration fee of \$500 made payable to the County of Santa Cruz. Registration fees are non-refundable. Payments may be mailed or brought in person to the Cannabis Licensing Office, 701 Ocean Street, Room 520, and Santa Cruz, CA 95060. Payment must be received by the close of registration, at the latest. No registration is valid until a completed form is accepted by the County and payment is received. Incomplete forms will not be accepted and your registration will be invalid. Only ONE registration may be completed for each site in which the cultivation history identified below has occurred.

**Section 1 – Identification Information**

a. APPLICANT NAME (PRINT)	(Note: Applicant must be one of the owners / directors / board members who is authorized to act on behalf of the business. Please attach a completed Applicant Owner Certification Form if this registration is on behalf of a business entity for non-anonymous registrants.)	
b. MAILING ADDRESS (Street number and name, city, state, zip code)		
c. PHONE NUMBER(S) Primary:		Alternate:
d. E-MAIL(s) Primary:		Alternate:

I object to providing Section 1 identification information and refuse to provide this information. I am registering anonymously.

\*\* Please be advised that you will be required to provide your name, address and site location information at the licensing phase. Those who registered anonymously will be required to demonstrate that you were the person who undertook the registration process associated with your registration number. Registration numbers are non-transferable.

**Section 2 – Cultivation History**

	<b>YES</b>	<b>NO</b>												
a. Have you cultivated cannabis in the unincorporated area of Santa Cruz County prior to January 1, 2013?	<input type="checkbox"/>	<input type="checkbox"/>												
b. Have you been engaged in commercial farming or agricultural production unrelated to cannabis production in the CA zone for over three years? If yes, list addresses, APNs and dates for the last three years. Then skip to Section 3 – Future Plans.	<input type="checkbox"/>	<input type="checkbox"/>												
<table border="1" style="width: 100%; border-collapse: collapse; margin: 10px auto;"> <thead> <tr> <th style="width: 50%;">Address</th> <th style="width: 20%;">APN</th> <th style="width: 30%;">Dates</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Address	APN	Dates											
Address	APN	Dates												
c. Have you cultivated cannabis in the unincorporated area of Santa Cruz County between 2013 and 2016?	<input type="checkbox"/>	<input type="checkbox"/>												
d. Are you currently cultivating cannabis in unincorporated area of Santa Cruz County?	<input type="checkbox"/>	<input type="checkbox"/>												
e. Date of your most recent cannabis cultivation activity: _____														
f. Location Address of your current or most recent cannabis cultivation activity														
g. Location APN of you current or most recent cannabis cultivation activity: _____														

I object to answering Section 2 questions f and g. above and refuse to provide that information. I am registering anonymously. \*\*

\*\* Please be advised that you will be required to provide your name, address and site location information at the licensing phase. Those who registered anonymously will be required to demonstrate that you were the person who undertook the registration process associated with your registration number. Registration numbers are non-transferable.

h. Location of your current or most recent cultivation activity: (Check all that apply if you are cultivating in more than one location. See map on page 9.) If you did not answer questions f or g above, you must answer this question.

- |               |                          |                    |                          |
|---------------|--------------------------|--------------------|--------------------------|
| Aptos         | <input type="checkbox"/> | Pajaro Valley      | <input type="checkbox"/> |
| Aptos Hills   | <input type="checkbox"/> | Salisipuedes       | <input type="checkbox"/> |
| Bonny Doon    | <input type="checkbox"/> | San Andreas        | <input type="checkbox"/> |
| Carbonera     | <input type="checkbox"/> | San Lorenzo Valley | <input type="checkbox"/> |
| Eureka Canyon | <input type="checkbox"/> | Skyline            | <input type="checkbox"/> |
| La Selva      | <input type="checkbox"/> | Soquel             | <input type="checkbox"/> |
| Live Oak      | <input type="checkbox"/> | Summit             | <input type="checkbox"/> |
| North Coast   | <input type="checkbox"/> |                    |                          |

i. Identify if your current or most recent site is:

**YES NO DK DK = Don't Know**

- |                                |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| In the Coastal Zone            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Within the Urban Services Line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Within the Rural services Line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

To determine this, use the GIS system and type in the site APN at: <http://gis.co.santa-cruz.ca.us/PublicGISWeb/>  
Click "Find It" and then click the arrow in the top left-hand area of your screen to expand the layers key.  
Click the Land Use and General Plan + sign to expand the choices and then click the boxes next to Urban Services Boundary, Rural Services Boundary and Coastal Zone. The boundaries will show up on the map in the color notated in the key. You may have to zoom in or out to see all the boundary lines as they relate to your site.

j. Identify if your current or most recent site has:

- |                  |                          |                        |                          |
|------------------|--------------------------|------------------------|--------------------------|
| 0-99 plants      | <input type="checkbox"/> | 1,000 – 2,000 plants   | <input type="checkbox"/> |
| 100-500 plants   | <input type="checkbox"/> | 2,000 – 5,000 plants   | <input type="checkbox"/> |
| 500-1,000 plants | <input type="checkbox"/> | more than 5,000 plants | <input type="checkbox"/> |

k. Identify your total canopy square footage for your current or most recent site: \_\_\_\_\_

l. Identify for your current or most recent site the number of harvests per year:

- |   |                          |             |                          |
|---|--------------------------|-------------|--------------------------|
| 1 | <input type="checkbox"/> | 4           | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | 5           | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | more than 5 | <input type="checkbox"/> |

m. Identify the typical number of employees who commute to your current or most recent site other than at harvest time. \_\_\_\_\_

n. Identify the typical number of employees who commute to your current or most recent site at harvest time. \_\_\_\_\_

o. Identify if your current or most recent site is :

- |                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| Outdoor                     | <input type="checkbox"/> | Indoor (commercial / industrial building) | <input type="checkbox"/> |
| Indoor (residence / garage) | <input type="checkbox"/> | Other (describe below)                    | <input type="checkbox"/> |
| Indoor (farm structure)     | <input type="checkbox"/> | _____                                     |                          |

p. Identify how your water was supplied for your current or most recent site :

- |                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| City Water                  | <input type="checkbox"/> | Shared well serving multiple properties | <input type="checkbox"/> |
| Private Well                | <input type="checkbox"/> | Other (describe below)                  | <input type="checkbox"/> |
| Water District (name below) | <input type="checkbox"/> | _____                                   |                          |

\_\_\_\_\_

\_\_\_\_\_

- q. Did you have a water conservation plan in use at your current or most recent site? If yes, describe below. YES NO DK
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- r. Is your current or most recent cultivation site located: (refer to the GIS system located at: <http://gis.co.santa-cruz.ca.us/PublicGISWeb/>)
- i. Within 600 feet of the following YES NO DK
- Municipal Boundary
- School
- Library
- Alcohol or drug treatment facility
- Park (other than a State Park) within the urban services line
- ii. Within 300 feet of the following YES NO DK
- A State Park within the urban services line
- A public right-of-way if the parcel size is over 10 acres
- iii. Within 200 feet of the following YES NO DK
- A public right-of-way if the parcel size is 5 to 10 acres
- Any habitable structure on a neighboring parcel
- iv. Within 100 feet of the following YES NO DK
- A public right-of-way if the parcel size is 5 to 10 acres
- Any habitable structure on a neighboring parcel
- A perennial stream
- The high water mark of a lake, estuary, lagoon or standing body of water
- v. Within 50 feet of an intermittent or ephemeral stream
- vi. Is the cannabis canopy visible from any adjacent public right-of-way?
- vii. Lighted such that the illumination was visible from the exterior between sunset and sunrise?
- viii. Except for CA, C4, M1, M2 and M3 parcels, did the parcel contain the permanent residence of at least one of the owners or operators?
- ix. Does the indoor cultivation area use a commercial scrubbing device that prevents odors from escaping?
- x. Is the outdoor cultivation area fully enclosed by an opaque fence of at least 6 feet in height and secured by a locked gate?
- xi. Include any of the following YES NO DK
- generator
- hazardous materials
- flammable products
- pesticides
- rodenticides

- |  | YES                      | NO                       | DK                       |
|--|--------------------------|--------------------------|--------------------------|
| xii. Include control measures to contain   |                          |                          |                          |
| irrigation run-off   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fertilizer   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| contaminants   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xiii. Were there any of the following environmental factors affecting your cultivation site: |                          |                          |                          |
| streams  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rivers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| protected spaces   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other (describe below)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  |                          |                          |                          |
| s. For either your current or most recent site   |                          |                          |                          |
| Do you conduct direct sales to patients from your cultivation site?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the site serve as habitat for sensitive species?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you manufacture any cannabis products on site?<br>(e.g. edibles, tinctures, salves, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 3 – Future Plans

- a. Which State cultivation license will you be seeking
- Type 1; Specialty Outdoor. No artificial lighting. Up to 5,000 square feet of canopy, or up to 50 plants on noncontiguous plots
  - Type 1A; Specialty Indoor. Exclusively artificial lighting. Up to 5,000 square feet of canopy
  - Type 1B; Specialty Mixed-Light. Combination of natural and supplemental lighting. Up to 5,000 square feet of canopy.
  - Type 2; Small Outdoor. No artificial lighting. 5,001 -10,000 square feet of canopy
  - Type 2A; Small Indoor. Exclusively artificial lighting. 5,001 -10,000 square feet of canopy
  - Type 2B; Small Mixed-Light. Combination of natural and supplemental lighting. 5,001 -10,000 square feet of canopy
  - Type 3; Outdoor. No artificial lighting. 10,001 - 43,560 square feet of canopy
  - Type 3A; Indoor. Exclusively artificial lighting. 10,001 – 22,000 square feet of canopy
  - Type 3B; Mixed-light. Combination of natural and supplemental lighting. 10,001 -22,000 square feet of canopy
  - Type 4; Nursery.

- |  | YES                      | NO                       | DK                       |
|--|--------------------------|--------------------------|--------------------------|
| b. Do you intend to continue cultivation at                      |                          |                          |                          |
| Your current or most recent site                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A new location   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If you selected a new location above, has it been identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to question b (current or most recent site) or yes to both question b (a new location) and c, please continue to answer the following questions about the anticipated future location. Otherwise, skip the rest of this section.

- d. Location Address of your anticipated future cannabis cultivation activity.

\_\_\_\_\_

\_\_\_\_\_

e. Location APN of your anticipated future cannabis cultivation activity: \_\_\_\_\_

I object to answering questions d and e above and refuse to provide that information. I am registering anonymously. \*\*

\*\* Please be advised that you will be required to provide your name, address and site location information at the licensing phase. Those who registered anonymously will be required to demonstrate that you were the person who undertook the registration process associated with your registration number. Registration numbers are non-transferable.

f. Location of your anticipated future cultivation site activity: (Check all that apply if you are cultivating in more than one location. See map on page 8.) If you did not answer questions d or e above, you must answer this question instead.

- |               |                          |                    |                          |
|---------------|--------------------------|--------------------|--------------------------|
| Aptos         | <input type="checkbox"/> | Pajaro Valley      | <input type="checkbox"/> |
| Aptos Hills   | <input type="checkbox"/> | Salisipuedes       | <input type="checkbox"/> |
| Bonny Doon    | <input type="checkbox"/> | San Andreas        | <input type="checkbox"/> |
| Carbonera     | <input type="checkbox"/> | San Lorenzo Valley | <input type="checkbox"/> |
| Eureka Canyon | <input type="checkbox"/> | Skyline            | <input type="checkbox"/> |
| La Selva      | <input type="checkbox"/> | Soquel             | <input type="checkbox"/> |
| Live Oak      | <input type="checkbox"/> | Summit             | <input type="checkbox"/> |
| North Coast   | <input type="checkbox"/> |                    |                          |

- g. Identify if your new site will be:
- |                                | YES                      | NO                       | DK                       |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| In the Coastal Zone            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Within the Urban Services Line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Within the Rural services Line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

To determine this, type in the site APN at: <http://gis.co.santa-cruz.ca.us/PublicGISWeb/>. Click "Find It" and then click the arrow in the top left-hand area of your screen to expand the layers key. Click the Land Use and General Plan + sign to expand the choices and then click the boxes next to Urban Services Boundary, Rural Services Boundary and Coastal Zone. The boundaries will show up on the map in the color notated in the key. You may have to zoom in or out to see all the boundary lines as they relate to your site.

h. Identify your intended total canopy square footage for anticipated future site: \_\_\_\_\_

- i. Identify for your new site the expected number of harvest per year:
- |   |                          |             |                          |
|---|--------------------------|-------------|--------------------------|
| 1 | <input type="checkbox"/> | 4           | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | 5           | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | more than 5 | <input type="checkbox"/> |

j. Identify the typical number of employees you expect to commute to your anticipated future other than at harvest time: \_\_\_\_\_

k. Identify the typical number of employees you expect to commute to your anticipated future at harvest time: \_\_\_\_\_

- l. Identify if your anticipated future site will be:
- |                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| Outdoor                     | <input type="checkbox"/> | Indoor (commercial / industrial building) | <input type="checkbox"/> |
| Indoor (residence / garage) | <input type="checkbox"/> | Other (describe below)                    | <input type="checkbox"/> |
| Indoor (farm structure)     | <input type="checkbox"/> | _____                                     |                          |

- m. Identify how your water will be supplied for your anticipated future:
- |                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| City Water                  | <input type="checkbox"/> | Shared well serving multiple properties | <input type="checkbox"/> |
| Private Well                | <input type="checkbox"/> | Other (describe below)                  | <input type="checkbox"/> |
| Water District (name below) | <input type="checkbox"/> | _____                                   |                          |
| _____                       |                          | _____                                   |                          |

n. Will you have a water conservation plan and employ low water using strategies at your anticipated future site? **YES** **NO** **DK**  
 If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

o. Is your anticipated future site located: (refer to the GIS system located at: <http://gis.co.santa-cruz.ca.us/PublicGISWeb/>)

- |   | <b>YES</b>               | <b>NO</b>                | <b>DK</b>                |
|---|--------------------------|--------------------------|--------------------------|
| i. Within 600 feet of the following   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Municipal Boundary  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Library   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol or drug treatment facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Park (other than a State Park) within the urban services line   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Within 300 feet of the following  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A State Park within the urban services line   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A public right-of-way if the parcel size is over 10 acres   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Within 200 feet of the following   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A public right-of-way if the parcel size is 5 to 10 acres   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any habitable structure on a neighboring parcel   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Within 100 feet of the following  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A public right-of-way if the parcel size is 5 to 10 acres   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any habitable structure on a neighboring parcel   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A perennial stream  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The high water mark of a lake, estuary, lagoon, or standing body of water   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Within 50 feet of an intermittent or ephemeral stream  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Will the cannabis canopy be visible from any adjacent public right-of-way?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. Will the site be lighted such that the illumination was visible from the exterior between sunset and sunrise?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| viii. Except for CA, C4, M1, M2, and M3 parcels, will the anticipated future parcel contain the permanent residence of at least one of the owners or operators? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ix. Will the anticipated future indoor cultivation area use a commercial scrubbing device that prevents odors from escaping?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Will the anticipated future outdoor cultivation area be fully enclosed by an opaque fence of at least six (6) feet in height and secured by a locked gate?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xi. Will the anticipated future location include any of the following   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| generator   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hazardous materials   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| flammable products  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| pesticides  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rodenticides  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xii. Will the anticipated future location include control measures to contain   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| irrigation run-off  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fertilizer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| contaminants  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |       |  | YES                      | NO                       | DK                       |
|-------|--|--------------------------|--------------------------|--------------------------|
| xiii. | Will there be any of the following environmental factors on or in the vicinity of the anticipated future cultivation site? |                          |                          |                          |
|       | streams  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       | rivers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       | protected spaces   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       | other (describe below)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

p. For your anticipated future site:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Will you conduct direct sales to patients from your anticipated future cultivation site                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the anticipated future site be located on, near or affect habitat for sensitive species                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you manufacture any cannabis products on the anticipated future site?<br>(e.g. edibles, tinctures, salves, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Under penalty of perjury, I certify that all information provided in this form is complete, truthful and accurate. By submitting the Cannabis Cultivation Registration Form, I understand and acknowledge any fee collected for processing is non-refundable.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I object to signing this document and refuse to provide that information. I am registering anonymously. \*\*

\*\* Please be advised that you will be required to provide your name, address and site location information at the licensing phase. Those who registered anonymously will be required to demonstrate that you were the person who undertook the registration process associated with your registration number. Registration numbers are non-transferable.

Thank you for completing the Cannabis Cultivation Registration Form. We appreciate your efforts to provide us with complete and accurate information in preparation for the environmental review process.

A County staff member will review your materials when they are uploaded. The County may email you so that we have the information provided for the following purposes:

- an understanding of the nature of your past and/or current cultivation activities so that existing conditions (those that were pre-ordinance and pre-licensing program) can be described in the Environmental Impact Report (EIR), and/or
- an understanding of the nature of cannabis cultivation for which you intend to obtain a license once the County adopts a final ordinance and opens the license application process, so the EIR can evaluate reasonable foreseeable impacts of the future licensing program.

**For Official Use**  
**Cannabis Cultivation Registration Form**  
**Number:**

**CCR:** \_\_\_\_\_

