



COUNTY OF COLUSA

COMMUNITY DEVELOPMENT DEPARTMENT

220 12th Street

Colusa, California 95932

TELEPHONE (530) 458-0480 FAX (530) 458-0482

COLUSA COUNTY INDUSTRIAL HEMP CULTIVATION LICENSE APPLICATION INTRUCTIONS

1.) SECTION A: APPLICANT INFORMATION:

On the License Application Form, complete **Section A**. The Applicant will need to be the Grower that you will list in your State Registration and the authorized **Representative** listed on the **Certification of Property Control** form. The maps showing the property location(s) should list the APN's of each property and show the proposed grow areas. The **Description of Industrial Hemp Operations** should provide a general description of the proposed cultivation characteristics and total acreage that will be planted.

2.) SECTION B: SUBMITTAL REQUIREMENTS:

Complete the **Certification of Property Control** form.

Complete the **Security Plan Application** form. Planning staff will then forward the security plan to the County Sheriff as part of the license review process.

Do not fill in the **Property Zoning, Setback Distance, and Nearest Community** information on the form as staff at the Community Development Department will complete that information.

A check in the amount of \$2,500 (made payable to Colusa County Community Development) is required to be submitted with your Community Development Department license application.

Please provide a copy of the complete **Agricultural Commissioner's Industrial Hemp Application** that you intend to or have already submitted to the Agricultural Commissioner's office. This should include a copy of the **Registration Application** and the **Destruction Plan**. You will need to work directly with the Agricultural Commissioner's office to obtain that approval.

3.) SECTION C: APPLICANT AFFIRMATION AND CONSENT

Complete **Section C** and provide your signature.

4.) FINAL STEP - LICENSE APPROVAL

Once the completed License Application has been submitted to both the Community Development Department and the Agricultural Commissioner's Office, staff will review the application for completeness and begin processing the application. You will be contacted regarding any additional information or necessary changes to your application prior to formal approval being granted by the Community Development Department.



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SECTION A: APPLICANT INFORMATION

(PLEASE NOTE THE APPLICANT MUST ALSO BE THE GROWER LISTED ON YOUR STATE REGISTRATION)

Date: _____

County Staff Use

License No: 2021- _____

Applicant		Doing Business As (DBA)	
Mailing Address	City	State	Zip Code
Business Website	Email Address	Phone Number	

Proposed Location APNs (attach maps with proposed grow areas clearly shown):

Description of Industrial Hemp Operations: _____

Anticipated Planting Dates _____

See Note 1

SECTION B: SUBMITTAL REQUIREMENTS

Staff Use Only	1.) Certification of Property Control: ____yes ____no	<i>County Staff Use</i>
	2.) Property Zoning: _____	
	3.) Setback Distance: _____	
	Nearest Community: _____	

SECTION B: SUBMITTAL REQUIREMENTS CONTINUED

	County Staff Use
4.) Security Plan Submittal: <input type="checkbox"/> yes <input type="checkbox"/> no	
5.) \$2,500 Deposit Submittal: : <input type="checkbox"/> yes <input type="checkbox"/> no	
6.) Agricultural Commissioner Application: <input type="checkbox"/> yes <input type="checkbox"/> no (registration application, destruction plan, and registration fee)	
Agricultural Commissioner Approval: <input type="checkbox"/> yes <input type="checkbox"/> no	

SECTION C: APPLICANT AFFIRMATION AND CONSENT

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

Signature	Printed Name	Date Signed

***Note 1:** Approximately four weeks prior to the planting date, the Agricultural Commissioner’s Office will submit the completed State Registration Form to the California Department of Food and Agriculture (CDFA) and no changes can be made at that point. Prior to that point, changes to the Registration Form (such as changing the seed type) may be made.*



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CERTIFICATION OF PROPERTY CONTROL REGARDING APPLICATION FOR COLUSA COUNTY INDUSTRIAL HEMP LICENSE

Date: _____

To: County of Colusa
Community Development Department
220 12th Street
Colusa, CA 95932

I, the undersigned, declare under penalty of perjury that I am the legal owner of record of the Subject Property(ies) identified below for which an application is being submitted to conduct Industrial Hemp operations pursuant to Chapter 11 of the Colusa County Code.

APN(s): _____

Maps of the Subject Property(ies) must be attached.

As the Subject Property(ies) Owner I am applying for an Industrial Hemp License ____myself or I am ____ granting permission to:

Representative: _____ Phone _____

Address: _____

Email: _____

to apply for a Colusa County Industrial Hemp License on the above referenced Subject Property(ies).

Signature of Owner of Record (must be original)

Print Name of Owner of Record

Address of owner of record

Phone Number

Email



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SECURITY PLAN APPLICATION FOR COLUSA COUNTY INDUSTRIAL HEMP CULTIVATION LICENSE

APPLICANT INFORMATION:

Date: _____

License No: 2021- _____

Applicant		Doing Business As (DBA)	
Mailing Address	City	State	Zip Code
Business Website	Email Address	Phone Number	

Proposed Location APN(s): _____

Maps of the Subject Property(ies).

SECURITY ANALYSIS AND REQUIREMENTS

1.) Is there an existing residences within One-Thousand (1,000) Feet of the closest boundary of the industrial hemp cultivation area? ____yes ____no

- If "yes":
List the address(es) _____

_____ and the below **Required Security Measures** must be implemented.

- If "no" the below security measures are suggested.

2.) Required Security Measures:

Prior to the plants beginning to bud/flower and until all plants have been harvested, an employee acting as or a security guard shall be present 24-hours a day. The employee/security guard shall be positioned between the cultivation area and the nearest residence identified above.

3.) The name(s) and phone number(s) of all security personnel shall be provided to the Community Development Director and Sheriff prior to said personnel being deployed to the site regardless if they are required or voluntary.

ACKNOWLEDGMENT AND AGREEMENT:

As the Subject Property Owner/Authorized Representative I agree to implement the described security measures as a condition of the issuance of a Colusa County Industrial Hemp License.

Signature

Print Name

Address

Phone Number

Email