

Cannabis Land Use Penalty Relief Application

PURPOSE: A key goal of the Sonoma County Cannabis Program is to bring existing operators into the regulated market. Recognizing this goal, the Board of Supervisors adopted the Temporary Code Enforcement Penalty Relief Program (Penalty Relief Program) on May 23, 2017. The Penalty Relief Program created requirements that, if satisfied, would allow certain cannabis businesses to continue to operate without being subject to land use fines while they complete the work necessary to either become permitted or cease operations.

The Penalty Relief Program was modified and extended by the Board on September 12, 2017. In order to qualify for the Penalty Relief Program, operators must: (1) complete this form by October 31, 2017 (2) fall into one of the categories identified in Table 1, (3) operate in compliance with the operating requirements listed in Table 1, and (4) submit complete applications by June 1, 2018, if applicable. Cannabis operations that qualify for the Penalty Relief Program may still be subject to other penalties for violations such as building, grading, well, septic, or other violations.

Forms should be submitted to Permit Sonoma (Attention Amy Lyle) or emailed to cannabis@sonoma-county.org. Please retain a copy for your records.

Table 1: Penalty Relief Program: Operator Qualifications and Compliance Requirements

Operator Status	Current Operators (Non-permit-eligible)	Current Operators (Permit-eligible)
Operation Start	Prior to July 5, 2017	Prior to July 5, 2017
Penalty Relief Application Form Due Date	October 31, 2017	October 31, 2017
Complete Application Due Date	N/A. All commercial cannabis operations must cease by January 1, 2018	June 1, 2018
Operating Requirements	1.No increase in cultivation area (if applicable) 2.Compliance with the Medical Cannabis Land Use Ordinance Operating Standards 3.Compliance with Medical Cannabis Development Criteria (applicable for permit eligible properties) 4.Compliance with Cannabis Best Management Practices adopted by the Agricultural Commissioner 5.Tax Compliance	



Sonoma County Permit and Resource Management Department
 2550 Ventura Avenue Santa Rosa CA 95403-2859 (707) 565-1900

www.PermitSonoma.org

Penalty Relief Application Form

Type of Cannabis Operation (i.e. cultivation, manufacturing, distribution, etc.): _____

Permit Eligible Location? Yes No

Date of application submittal (if applicable): _____

Permit Number (if applicable): _____

Location (Site Address and Parcel Number): _____

Zoning: _____

Indicate start date of the operation: _____

Indicate the total existing square footage of each type of cultivation in the table below:

Indoor	Outdoor	Mixed Light

Initial Below:

_____ I certify that the operation is in compliance with the Land Use Ordinance Operating standards.

_____ I certify that the operation is in compliance with the Land Use Ordinance Development Criteria.

_____ I certify that the operation is in compliance with the Cannabis Best Management Practices.

_____ I understand that I am responsible to pay taxes as required in the Cannabis Business Tax ordinance.

_____ I understand that providing false or misleading information in this Application or at any time during the permitting process will result in rejection of the application and/or nullification or revocation of any issued permit.

_____ I affirm I am the authorized owner, operator, or sole proprietor of the cannabis business at the location listed above.

_____ I affirm that I am the property owner of the cannabis business location listed above; OR

_____ I affirm that I am authorized by the property owner to operate a cannabis business at the location listed above.

Print Operator/Applicant Name Below:

I, _____ declare under penalty of perjury that the information provided on this application is true and correct to the best of my knowledge.

I, _____ authorize entry by the agency having jurisdiction and its contractors onto any and all areas where the cannabis operation is occurring under this application at all reasonable times to determine whether I am in compliance with the above listed requirements.

Operator Contact Information (email and phone): _____

Operator/Applicant Signature

Date



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