



Environmental Health ❖ 625 5<sup>th</sup> Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ [EH@sonoma-county.org](mailto:EH@sonoma-county.org)  
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

**CANNABIS PERMIT APPLICATION**

**APPLICANT:** Complete all areas below (please print or type), sign and date below, and submit to Sonoma County Environmental Health with the applicable fee.

- NEW    CHANGE OF OWNERSHIP    FOR RECORDS ONLY    CORP    LLC    PARTNERSHIP    SOLE PROPRIETOR    OTHER
- DISPENSARY    EDIBLE MANUFACTURER    MICROBUSINESS

Name on Sign at Facility Site \_\_\_\_\_ Phone \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Owner Name (s) \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Previous Name of Business at This Location (If Applicable) \_\_\_\_\_

Water Supply:  Public  Private Well      Sewage Disposal:  Public  On-Site/Septic      Name of Water System \_\_\_\_\_

Opening Date \_\_\_\_\_      Permit Fee Due \$ \_\_\_\_\_

Square Footage of Facility Interior \_\_\_\_\_      Stormwater Fee Due \$ \_\_\_\_\_

Additional Plan Review Hrs. Due \_\_\_\_\_ Hrs. at \$ \_\_\_\_\_ per Hour      Total Plan Review Fee Due \$ \_\_\_\_\_

Use Permit Number \_\_\_\_\_      **Total Fee Due \$ \_\_\_\_\_**

**PLEASE PROVIDE PAYMENT WITH THIS APPLICATION**

I (we) understand that a permit is issued upon inspection of the above-named cannabis facility when it is in substantial compliance with applicable state law and county code. Fees are not prorated. The permit is valid for twelve months, or as otherwise noted on the permit, and shall be renewed annually by payment of fees determined by the Board of Supervisors.

Any permit that is not reinstated by the designated anniversary date, due to failure to submit permit fees, shall be deemed delinquent. Permits that continue to remain delinquent will be subject to late fees at intervals of thirty (30) days and sixty (60) days past the anniversary date. The amount assessed shall be included in the fee schedule approved by resolution of the Board of Supervisors with the annual budget. *County Code, Sec. 14-6-050*

The permit may be suspended or revoked for good cause. The permit is not transferable upon change of ownership and is valid only for the location/facility listed above.

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

Print Name/Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

PE \_\_\_\_\_ SW/PE \_\_\_\_\_ District \_\_\_\_\_ Issue Permit \_\_\_\_\_ Approved by \_\_\_\_\_

PR # \_\_\_\_\_ SW/PR # \_\_\_\_\_ APN \_\_\_\_\_ Entered by \_\_\_\_\_

Cash    Check    Credit Card Trans# \_\_\_\_\_ Date Rec'd \_\_\_\_\_ by \_\_\_\_\_ Amount Rec'd \$ \_\_\_\_\_

ID Verified      Comments \_\_\_\_\_