



DEPARTMENT OF HEALTH SERVICES

Environmental Health 625 5<sup>th</sup> Street ❖ Santa Rosa, CA 95404 ❖

707-565-6565 ❖ Fax 707-565-6525

<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

**CANNABIS PERMIT APPLICATION**

**Inspector to Complete This Section**

Additional Plan Review Hrs.	_____
Plan Review Hourly Rate	x\$_____
<b>Total Plan Review Fee Due</b>	= \$_____
Permit Fee Due	+\$_____
Stormwater Fee Due	+\$_____
<b>Total Fee Due</b>	= \$_____

**APPLICANT:** Answer all questions completely. Sign and date below.  
Retain the yellow copy. Submit original to Environmental Health & Safety.  
**Please print or type.**

- Original Application       Change of Ownership       Dispensary       Edible Manufacturer

**Please include payment with this application.**

**SITE**

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

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

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

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

Opening Date \_\_\_\_\_ Square Footage of Facility Interior \_\_\_\_\_ APN \_\_\_\_\_

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

**OWNER**

Owner Name \_\_\_\_\_ Owner Phone \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

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

**Agreement**

I (we) understand that a permit is issued upon inspection of the above named food 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 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:** PE \_\_\_\_\_ SW/PE \_\_\_\_\_ District \_\_\_\_\_ Approved By \_\_\_\_\_

PR # \_\_\_\_\_ SW/PR# \_\_\_\_\_ Issue Permit \_\_\_\_\_

Cash  Check  Credit Card      Trans # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By \_\_\_\_\_

Amount Received \$ \_\_\_\_\_