



TREASURER AND TAX COLLECTOR
Donna Riley, Treasurer and Tax Collector

BUSINESS SERVICES DIVISION
PO Box 3052, Modesto, CA 95353
1010 10th Street, Ste 5700, Modesto, CA 95354
Phone: (209) 525-6549
Email: business-services@stancounty.com

STANISLAUS COUNTY COMMERCIAL CANNABIS ACTIVITY
PERMIT APPLICATION INSTRUCTIONS

Please read and complete the application carefully prior to submission.

Please complete the application and submit, with all required documents, to the Tax Collector's Office for processing and payment of the permit fee. The Treasurer – Tax Collector's office is located at 1010 10th Street, Suite 5700, Modesto CA. The permit fee is \$5,000 for each permit type and a \$4.00 State processing fee. The application will be routed to all departments for approvals.

Once all department approvals have been received, you will be notified and a Commercial Cannabis Activity Permit will be issued. All permits expire within one year of issuance. A permit renewal must be submitted within 60 calendar days prior to the expiration date of the permit.

Once the Permit is issued, any change of information will require a new Commercial Cannabis Activity (CCA) Permit, per County Ordinance 6.78.

PLEASE NOTE THAT ADDITIONAL DOCUMENTS MAY BE REQUIRED BEFORE THE APPLICATION CAN BE ACCEPTED AND PROCESSED. Supplemental applications/permits may be required. Examples include, but are not limited to, weights and measures inspection, hazardous materials business plan, public water supply permit, building permits, etc.

1. If the surname (last name) of the business owner is not in the business name, please attach a copy of your Fictitious Business Name Statement. If you do not have one, please contact the Stanislaus County Clerk Recorder's office at (209) 525-5260. The Fictitious Business Name Statement expires 5 years from the date of filing.
2. If the business is owned by a Corporation, LLC or partnership, please attach the following documents pertaining to your business:
 - a. Articles of Incorporation or LLC papers (both registered through the State)
 - b. List of officers or authorized agents for the business
 - c. ID of person who signed application OR Business card if not an officer or agent
 - d. Partnership Agreement (if any)
3. If the business name is not the Corporation/LLC name, then a Fictitious Business Name Statement will need to be filed.
4. Attach a current copy of any State issued license for the Commercial Cannabis Business Activity.



NEW CCA PERMIT APPLICATION

Treasurer/Tax Collector
BUSINESS SERVICES DIVISION
1010 10th Street, Suite 5700
Modesto, CA 95354
Ph: (209) 525-6549

CCA PERMIT RENEWAL

Treasurer/Tax Collector
BUSINESS SERVICES DIVISION
1010 10th Street, Suite 5700
Modesto, CA 95354
Ph: (209) 525-6549

FEE \$ _____ PENALTY \$ _____ TOTAL \$ _____ LICENSE NO: _____

CASH CHECK NO. _____

DEPARTMENT APPROVALS:

SHERIFF: _____ DATE: _____ CEO: _____ DATE: _____ PLANNING : _____ DATE: _____
DER: _____ DATE: _____ PW: _____ DATE: _____ AG COMM: _____ DATE: _____ FIRE: _____ DATE: _____

Revised 3/2019 (For County Office Use Only)

Permit Type(s) Requested (check all that apply):

- Cultivation (indoor/mixed-light) Canopy size: _____ sf Nursery (indoor/mixed-light) Canopy size: _____ sf
Circle one Circle one
 Distribution (other permittee's product/on-site product only) Manufacturing (volatile/non-volatile)
Circle one Circle one
 Retail (storefront/delivery only) Testing
Circle one

Date Business Opened: _____ Description of Activities: _____

Corporation Name (If applicable) _____
(If owned by a corporation, please include Articles of Incorporation/LLC papers and list of officers or authorized agents)

Business Name _____
(A Fictitious Business Name Statement may be required-contact the County Clerk Recorders Office for more info at (209) 525-5250)

Business Address _____ City _____ State _____ Zip _____

Do you Own or Rent/Lease the property at the business location above (Please select one)

Mailing Address _____ City _____ State _____ Zip _____

Business Owner's Name _____ Business Phone# (_____) _____

Business Owner's Home Address _____

Dr Lic/ID# Copy Attached Emergency Contact Person: _____ Emergency Phone# (_____) _____
(COPY REQUIRED) (May be used by law enforcement for after hours emergencies)

Sole Proprietorship Partnership Corporation LLC (Please select one)

Co-owner/Partner Information: ***Copy of State ID required for each owner*** (Attach additional sheets if necessary)

Name: _____ Phone # (_____) _____

Address _____ City _____ State _____ Zip _____

NOTE: A CCA Permit does not authorize business activities or uses which are not otherwise authorized by the zoning for the property or the Development Agreement for the business or authorize the business owner to conduct a business in violation of local state or federal laws. It is the business owner's responsibility to maintain compliance with all applicable zoning district, land use permit, development agreement, or state permit rules and limitations. Any violation of said rules and limitations render this license void and may result in code enforcement action and/or fine. Any change in the type of business and/or intensity, expansion of the use must be reviewed by Stanislaus County Planning and Community Development Department for compliance.

I declare under penalty of perjury that I have fully read this application and, provided true statements under the penalty of perjury of the laws of the State of California. If applying for a home occupation, I also have fully read the rules and limitations on the reverse side of this application, and by my signature below agree to abide by all rules and limitations.

Business Owner's Signature _____

_____ Date

Business Owner's Signature _____

_____ Date