



County of Humboldt

John Bartholomew
Treasurer-Tax Collector
825 Fifth Street Room 125
Eureka, California 95501

Phone: (707) 441-3020
Fax: (707) 445-7608
Email: taxinfo@co.humboldt.ca.us
Web: <http://humboldt.gov.org/tax>

Attached is the **Cannabis Business License Application**

- Please complete and return to the Treasurer-Tax Collector's (T-TC) Department, which is in the Courthouse (825 Fifth Street, Room 125)
- Please wait until you have an approved permit from the Planning Department for your parcel before you submit an application.
- All fees **MUST** be paid with the application submission to the T-TC.

The application process:

1. Once the application is received and all fees have been paid, the required departmental approvals for your license will be coordinated by T-TC staff.
2. Your application will be entered into the county business license operating system. T-TC staff will monitor and update departmental approvals then notify you (the applicant) once all departmental approvals have been received.
3. The approval process will take 4 to 6 weeks.
4. Once all approvals have been received T-TC staff will print and mail the business license to the owner at the address provided on the application.

Questions?

1. Go to <http://humboldt.gov.org/tax>
2. Call (707) 476-2450
3. Ask for Amy or Michale



County of Humboldt
Cannabis Business License Application

Humboldt County Treasurer-Tax Collector
 825 5th Street, Room 125
 Eureka, CA, 95501-1100
Website: <http://humboldt.gov.org/tax>
Phone: (707) 476-2450

PLEASE COMPLETE ALL QUESTIONS ON THIS FORM

PLEASE PRINT

Please do not submit a Cannabis Business License Application until you have an Approved Permit from the Planning Department

This application will be submitted to the following County Departments for approval:
Public Works Environmental Health Planning Building Sheriff Fire District
A license will not be issued without the approval of those applicable departments.

Parcel Number from Property Tax Bill: _____
One Parcel per application

Business Type:

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Cultivation/Processing | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Dispensary | <input type="checkbox"/> Distribution | <input type="checkbox"/> Nursery |
| | <input type="checkbox"/> Tourism | <input type="checkbox"/> Other |

Business Name: _____ **Date:** _____
Business Location Address: _____ **City/State/Zip:** _____
Business Telephone: _____ **Business Website:** _____
Description of Business: _____
Max Employees: _____ **Hours Operation/Day:** _____

Valid only for the business location indicated above; change may require a new application and fee

Owner #1

Owner #2

Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____
Mailing Address: _____	Mailing Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email Address: _____	Email Address: _____

Is this a home occupation? Yes / No If yes, will there be customer traffic? Yes / No
 Does this business involve the sale, transport or manufacture of food? Yes / No
 If yes, describe: _____
 Is this location on a public or private road? Public / Private
 Are off-street parking stalls available? Yes / No Are they paved? Yes / No How many? _____
 Do you plan to enlarge the existing driveway or construct a new one? Yes / No
 Is this business served by: Public Sewer System / Septic Tank System / Unknown
 Do you handle or plan to handle hazardous materials? Yes / No (eg. Pesticides, herbicides, fuels, oils, fertilizers, solvents)
 Per the Nuclear Free Humboldt County Ordinance: Is the proposed building or structure to be used for designing, producing, launching, maintaining, or storing nuclear weapons or the components of nuclear weapons? Yes / No

Sales, use, or excise tax may apply to your business activities.
For information, contact the State Board of Equalization Office.
(1-800-400-7115)

FOR DEPARTMENTAL RECOMMENDATIONS		
PLANNING	SHERIFF	BUILDING
ENVIRONMENTAL HEALTH	FIRE DISTRICT	PUBLIC WORKS

 Applicant Signature

Signing this application acknowledges potential regulatory oversight and the intent of the applicant to comply.