



County of Humboldt
Cannabis Transporter Business License

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 Print & Complete All Questions on this Form

This application will be submitted to the following County Departments for approval:
Public Works Environmental Health Planning Sheriff

A License will not be issued without the approval of the applicable departments.

Date: _____ **Parcel Number:** _____
Business Name: _____

Business Location Address: _____
 City/State/Zip: _____
 Business Mailing Address: _____
 City/State/Zip: _____
 Business Telephone: _____ Business Website: _____

Estimated Gross Monthly Income: _____ this figure determines the cost of your annual business license fee. *Please see the Annual Fee Schedule*

APPLICATION FEE:	\$213.20
Annual License Fee	\$ _____
(See Business License Fee Schedule Below)	
Total Due \$ _____	
If Food/Drink Involved	
Environmental Health	\$75.00
Total Due \$ _____	
<u>Fees are Non-Refundable</u>	
<u>Cash or Check Only</u>	
Please make checks payable to:	
<u>Humboldt County Tax Collector</u>	
<u>Business License Annual Fee</u>	
\$5000 and Over \$40.00	
\$2500 - \$4999 \$30.00	
\$600 - \$2499 \$20.00	
\$599 - & Under \$12.00	

LLC ___ Corporation ___ Partnership ___ Sole Proprietor ___ Foundation ___ Trust ___ Other _____

Must include a copy of Articles of Organization if you are an LLC, Corporation, Foundation, etc....

Owner/Contact #1

Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone #: _____
 Email Address: _____
 Date of Birth: _____
 Place of Birth: _____

Owner/Contact #2

Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone #: _____
 Email Address: _____
 Date of Birth: _____
 Place of Birth: _____

Business Description: _____

Does this business involve the sale, transport or manufacture of food? [] Yes / [] No

If yes, describe: _____

Are you a veteran? [] Yes / [] No *If yes, contact the Tax Collector's office to determine if you qualify for exemptions.*

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

 Applicant Signature

*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 Approvals	
Planning:	Sheriff:
Environmental Health:	Public Works

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

Paid Cash/Check/ Money Order \$ _____ Date: _____ Processed By: _____



COUNTY OF HUMBOLDT

JOHN BARTHOLOMEW
TREASURER-TAX COLLECTOR
825 FIFTH STREET ROOM 125
EUREKA, CALIFORNIA 95501

PHONE: 707-476-2450
FAX: 707-445-7608
EMAIL: taxinfo@co.humboldt.ca.us

AFFIDAVIT: COMMERCIAL CANNABIS TRANSPORTER BUSINESS LICENSE

By affixing my signature to this affidavit, I hereby declare that:

- (1) I have submitted an application to the Humboldt County Treasurer-Tax Collector's Office for a business license to conduct commercial cannabis transportation activity in the County of Humboldt;
- (2) All commercial cannabis transport activity that I, my agents, or employees conduct pursuant to a business license from the County of Humboldt shall be solely for medical purposes and all commercial cannabis products handled, stored, delivered, and/or transported by me, my agents, or employees are intended to be consumed solely by qualified patients entitled to the protections of the Compassionate Use Act of 1996 (Health and Safety Code section 11362.5);
- (3) All cannabis or cannabis products under my control, or the control of my agents or employees, shall be handled, stored, delivered and/or transported pursuant to the California Medical Cannabis Regulation and Safety Act (Business and Professions Code section 19300 *et seq.*), and any and all statewide standards, regulations, and/or licensing procedures implemented by the State of California;
- (4) All commercial cannabis activity conducted by me, or my agents or employees pursuant to a business license issued by the County of Humboldt will be conducted in compliance with any and all statewide standards, regulations, and/or licensing procedures implemented by the State of California, including but not limited to the California Vehicle Code and the California Medical Cannabis Regulation and Safety Act; and
- (5) I acknowledge and understand that the Humboldt County Treasurer-Tax Collector's Office may request information subject to the business license application to ensure compliance with all applicable laws and regulations. I acknowledge and understand that failure to provide such requested information may be grounds for denial, suspension, and/or revocation of a business license.

I declare under penalty of perjury, under laws of the State of California, that the information provided on this affidavit is true and correct and that I am authorized to sign on behalf of the entity listed below.

Affiant Signature: _____ Printed Name: _____

Official representative signing for all members of: _____

Date: _____

For Department Use: Fill in all rows completely.

Parcel #s	
Business License #	

Department Signature: _____ Date: _____

COUNTY OF HUMBOLDT BUSINESS LICENSE APPLICATION

Community Development Service, Planning and Building Division Supplemental Form

PLEASE COMPLETE ALL QUESTIONS ON THIS FORM

Assessor Parcel Number: _____

Name: _____ Date: _____

Address: _____

Type of business, mark all that apply:

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture related | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Animal keeping / breeding | <input type="checkbox"/> Office, professional or medical service |
| <input type="checkbox"/> Antique mall | <input type="checkbox"/> Open storage contractors yard |
| <input type="checkbox"/> Automotive sales, storage, service or repair | <input type="checkbox"/> Public assembly |
| <input type="checkbox"/> Barbershop | <input type="checkbox"/> Retail sales |
| <input type="checkbox"/> Beauty shop | <input type="checkbox"/> Sanitarium |
| <input type="checkbox"/> Bed and Breakfast establishment | <input type="checkbox"/> School or teaching facility |
| <input type="checkbox"/> Church, synagogue, or place of worship | <input type="checkbox"/> Second hand shop |
| <input type="checkbox"/> Eating and/or drinking establishment | <input type="checkbox"/> Stables and/or kennels |
| <input type="checkbox"/> Food handling, processing or packing | <input type="checkbox"/> Surface mining |
| <input type="checkbox"/> Health care service | <input type="checkbox"/> Warehousing, storage and distribution |
| <input type="checkbox"/> Heavy industrial | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospital | _____ |
| <input type="checkbox"/> Light industrial | |

Explain the response(s) above by describing the activities associated with the business: _____

Proposed hours and days of operation: 9 am - 5 pm Monday through Friday Other: _____

Number of employees and partners: (including yourself) _____

Business Cycle: Permanent Seasonal Temporary Other _____

Square footage (square footage = length x width) of room(s)/building(s) used for the business: _____

Describe the expected pedestrian, vehicular and truck traffic: (In trips coming and going per day) _____

Describe any other local, state and federal permits required for the business (i.e. NCUAQMD, RWQCB, ABC): _____

Describe any *unique* activities, requirements or specifications of the business: _____

Will the proposed business involve the sale or distribution of medical cannabis or cannabis related products?

Yes No **If yes, please briefly describe the nature of the proposed activities** _____



**COUNTY OF HUMBOLDT
PLANNING AND BUILDING DEPARTMENT
CURRENT PLANNING DIVISION**

3015 H Street Eureka CA 95501 Fax: (707) 268-3792 Phone: (707) 445-7541
<http://www.co.humboldt.ca.us/planning/>

Address of Convenience

Definition:

313-97 or 314-136 Address of Convenience – Non-residential activities associated with any profession, occupation, or hobby, having no employees, receiving no deliveries at the address, and utilizing a private residence only for receiving mail, phone calls, or related record keeping (typically a mobile business). No more than (1) truck or other motor vehicle of no larger than three-fourths (3/4) of a ton shall be permitted in conjunction with any Address of Convenience.

Parcel Number: _____

Business Name: _____ Phone: _____

Owners Name: _____

Address: _____

Business Description:

I hereby certify that I have read and understand the Address of Convenience provisions of the Humboldt County Code and agree to continuously conduct my home occupation consistent with those provisions.

Signed: _____ Date: _____

Approved By: _____ Date: _____