



**COUNTY OF LAKE  
ADMINISTRATIVE OFFICE**

Courthouse - 255 North Forbes Street  
Lakeport, California 95453  
TELEPHONE (707) 263-2580  
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**CAROL J. HUCHINGSON**  
County Administrative Officer

**STATEMENT OF "OPT-OUT" FOR CANNABIS CULTIVATION**  
**(INCLUDING ALL ASSOCIATED "CULTIVATION" ACTIVITIES AS DEFINED BY LAKE COUNTY CODE 18.49)**

APPLICANT NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

APN: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_

I hereby declare that, pursuant to Board of Supervisors Resolution 2019-162, I have not engaged in nor will I engage in *cannabis cultivation*, as defined in Section 18.49, during the period starting from January 1, 20\_\_ to December 31, 20\_\_ .

**"Cultivation" is defined as: germinating, cloning, seed production, planting, growing, and harvesting of cannabis plants and the on-site drying, curing, grading, or trimming of cannabis plants. This form must be filed no later than June 1<sup>st</sup> of the current calendar year.**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_