



**LAKE COUNTY INDUSTRIAL HEMP PERMIT**  
**APPLICATION**

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New Hemp Cultivation Permit

Hemp Cultivation Permit Renewal

**A. Applicant information as it appears on the CDFA Industrial Hemp Registration Application**

Applicant Name: \_\_\_\_\_ Business name : \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**B. Key Participants (Everyone listed on background check) None**

Participant Name: _____	Phone Number: _____
Participant Position: _____	
Physical Address: _____	City /State: _____ Zip: _____
Mailing Address: _____	City/State: _____ Zip: _____
Participant Name: _____	Phone Number: _____
Participant Position: _____	City/State: _____ Zip: _____
Physical Address: _____	City/State: _____ Zip: _____
Mailing Address: _____	

Supplemental sheet attached for more key participants

**I hereby certify that the information submitted in this application is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

Date Received: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_

**Date**

1. Background Check \_\_\_\_\_
2. Irrigated Lands Program \_\_\_\_\_
3. Surety Bond \_\_\_\_\_
4. Violation Review \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Lake County Industrial Hemp Permit Application

**C. Cultivation Site Information**

Registration Number: \_\_\_\_\_

Include a map for each cultivation site. Identify GPS boundaries and center point. Please see instructions for sample.

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Supplemental sheet attached for more cultivation sites

Cultivation Site # _____	Cultivation Site # _____
Parcel size: Proposed Planted APN: Size:	Parcel size: Proposed Planted APN: Size :
Physical Address: City: Zip:	Physical Address : City: Zip:
Legal Owner Lessee	Legal Owner Lessee

Cultivation Site # _____	Cultivation Site # _____
Parcel size: Proposed Planted APN: Size:	Parcel size: Proposed Planted APN: size:
Physical Address: City: Zip:	Physical Address: City: Zip:
Legal Owner Lessee	Legal Owner Lessee

Cultivation Site # _____	Cultivation Site # _____
Parcel size: Proposed Planted APN: Size:	Parcel size: Proposed Planted APN: Size:
Physical Address: City: Zip:	Physical Address: City: Zip:
Legal Owner Lessee	Legal Owner Lessee



**COUNTY OF LAKE**

Department of Agricultural  
Department of Weights & Measures  
883 Lakeport Blvd.  
Lakeport CA 95453  
Phone: (707) 263-0217  
FAX: (707) 263-1052

**STEVEN HAJIK**  
Agricultural Commissioner  
Sealer of Weights & Measures  
and Measures

**D. Lake County Industrial Hemp Agreement**

**The applicant has read and understands the following: *Please initial each statement***

- By signing this I am agreeing that I have read and understand the Lake County Industrial Hemp Ordinance and the State of California Industrial Hemp Code.
- I understand that this permit does not relieve me from any liability for damages or violations associated with or from cultivation activities, land development and water usage.
- I waive any claims of liability for damages against the County of Lake and the Lake County Department of Agriculture for actions pursuant to or enforcement of the Lake County Industrial Hemp Ordinance and or the California Industrial Hemp Code.
- I understand that my registration may be revoked if I do not comply with all requirements of the Lake County Industrial Hemp Ordinance in addition to the California Industrial Hemp code.
- I understand that the cultivation of industrial hemp is not allowed in Lake County without first receiving a Lake County Industrial Hemp Permit and subsequent California State Registration.
- I understand that a State of California Industrial Hemp Registration is rendered immediately invalid at the time a Lake County Permit is revoked.
- I understand that any cannabis over 6 plants found on any part of the parcel that contains a hemp permit and registration will immediately void the hemp permit regardless of who is responsible for the cannabis, except when in a licensed and approved commercial cannabis operation.
- I authorize inspection of properties associated with hemp sites and storage facilities at all reasonable times by county staff or other relevant agency staff.
- I agree to pay all costs related to Lake County Industrial Hemp Ordinance and California Industrial Hemp Code compliance and enforcement not limited to county and state permit fees, site fees, violations and abatement or destruction costs.

I hereby affirm under penalty of perjury and the revocation of my permit and registration that all information contained in my application and or documentation is true and correct.

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

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

