



County of Sacramento

INDUSTRIAL HEMP LICENSE APPLICATION

New Hemp Cultivation License

Hemp Cultivation License Renewal

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

Applicant Name: _____ Business Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 Primary Contact Name: _____ Phone Number: _____
 Email Address: _____

B. Cultivation Site Information

Cultivation Site #__	Cultivation Site #__	Cultivation Site #__	Cultivation Site #__
Parcel size: _____	Parcel size: _____	Parcel size: _____	Parcel size: _____
Planted size: _____	Planted size: _____	Planted size: _____	Planted size: _____
APN: _____	APN: _____	APN: _____	APN: _____
Include a map for each cultivation site.			

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

For County Use Only	County Code 6.87.050 & 6.87.060 Compliance
Date Received: _____	<input type="checkbox"/> Deed Holder Authorization <input type="checkbox"/> Bond submitted <input type="checkbox"/> Site Security Plan submitted <input type="checkbox"/> Zoning & Parcel size requirements met <input type="checkbox"/> Setback requirements met
Registration Number: _____	
Expiration date: _____ (valid for 1 year)	
Ag Commissioner : Reviewed <input type="checkbox"/>	
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Title: _____	Date: _____
	Signature: _____