



**CONTRA COSTA**  
**ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 100  
 CONCORD, CA 94520  
 (925) 608-5500 (925) 608-5502 FAX  
 www.cchealth.org/eh/



**COMMERCIAL CANNABIS HEALTH PERMIT APPLICATION**  
 APPLICATION FEE IS DUE AND NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL, REFER TO FEE SCHEDULE)

**SECTION 1: Premises (Business Location)**

FACILITY NAME / DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
APN:		

**SECTION 2: Permit Holder Information**

PERMIT HOLDER NAME:		<input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> Corp.	
PERMIT HOLDER MAILING ADDRESS:			
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:	
EMAIL:	SSN:	DATE OF BIRTH:	
REQUESTER (IF DIFFERENT THAN NEW OWNER):			

**SECTION 3: Accounts Receivable Address**

IN CARE OF (Billing Office or Person in Charge):		
ACCOUNTS RECEIVABLE ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

**SECTION 4: Type of Application**

New Annual Renewal - No changes to operation Annual Renewal - Changes to operation (Provide details of changes)

**SECTION 5: Permit Type(s)**

1. Intended Customers: Adult Medical Both (Testing laboratory must be both)  
 2. Type of Operation:  
 Delivery (from within county) Delivery (from out-out-county) Cultivation – Inside Cultivation - Outdoors  
Retail Sales Only Retail Medical Sales Only Retail & Retail Medical Combined  
Testing Laboratory  Distribution Center (Type 13)  Distribution Center – Transport Only (Type 11)  
 Manufacturing – Packing Manufacturing – Shared Manufacturing – Extraction Manufacturing – Infusion (e.g., edibles)

**SECTION 6: Land Use Permit (provide copy of the approved LUP)**

LUP NUMBER:
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I certify, under penalty of perjury under the laws of the State of California, that the information on this application and any accompanying documents is true and correct, with the full knowledge that all statements and accompanying documents are subject to investigation, and any false or dishonest information or accompanying documents may be grounds for denial or other actions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMITS ARE NOT TRANSFERRABLE. PERMITS MUST BE RENEWED EACH YEAR PRIOR TO JULY 1ST**

**FOR OFFICE USE ONLY**

FA#:	PR#:	AR#:	SR#:	P/E:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$	AMOUNT PAID: \$	CHECK #:	CASH CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DIC			RECEIPT #: XR		