



CANNABIS MANUFACTURING/PROCESSING PERMIT APPLICATION FORM

IMPORTANT: Application must be typewritten, computer generated, or neatly hand printed in black or blue ink. Complete all pages of application. Applications are evaluated on a cost recovery basis - the filing fee will be applied as a credit to the final amount due. To assure that your application is complete include all of the following with submittal:

- ✓\$220 Filing Fee
- ✓Completed Supplemental Forms
- ✓Signature on Application

1. Type of Application:

<input type="checkbox"/> Permit - Existing Equipment	<input type="checkbox"/> Modify Permit	<input type="checkbox"/> Modify Authority to Construct
<input type="checkbox"/> Permit - New Equipment	<input type="checkbox"/> Permit Exemption	<input type="checkbox"/> Modify Permit Condition

2. Facility Name: _____

Facility **Street** Address _____

City, State ZIP: _____

Assessor Parcel Number (APN)
if known:

3. Owner:

Contact Person: _____	Work: _____
Company Name: _____	FAX: _____
Mailing Address: _____	Cell: _____
City, State ZIP: _____	Email: _____

4. Other Contacts: (If contact is not the same as owner please attach the APCD Permit Contacts form with the information)

Facility Operations: <input type="checkbox"/> same as owner	Inspections: <input type="checkbox"/> same as owner
Billing: <input type="checkbox"/> same as owner	Legal/Enforcement Actions: <input type="checkbox"/> same as owner

5. Manufacturing License Classification (Attach a copy of CA Department of Public Health License)

<input type="checkbox"/> Type P: Packaging/repackaging	<input type="checkbox"/> Type 6: Non-volatile extraction	License Number:
<input type="checkbox"/> Type N: Edibles, topicals, infusions and other non-extraction products	<input type="checkbox"/> Type 7: Volatile extraction	

6. Additional Questions:

a. Direction and straight line distance to nearest school: _____ feet School Name: _____

b. Straight line distance to nearest residence: _____ feet

c. Straight line distance to nearest offsite workplace: _____ feet

d. Do you claim that any of data submitted with this application is a trade secret? Yes No

e. Is the cannabis operation approved by a city/county/other planning agency? Yes No

f. Is the cannabis operation approved by the California Department of Public Health? Yes No

(CONTINUED ON NEXT PAGE)

(District Use Only)

Date Received Stamp	APCD Application	Auth. to Construct	Permit to Operate
	Number:	Issuance Date:	Issuance Date:
	Fee:	Fee:	Fee:
	Check No.	Check No.	Check No.
	Receipt No.	Receipt No.	Receipt No.
	Ref. App. No.	Extended	Permit No.
Comments:			Previous No.



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7. Extraction Method

Mechanical

- Screens
- Presses
- Other*

Chemical: Non-volatile

- Carbon Dioxide (CO₂)
- Water
- Vegetable glycerin
- Vegetable oil
- Animal fat
- Food-grade glycerin
- Other*

Chemical: Volatile

- Butane
- Hexane
- Propane
- Ethanol
- Isopropyl Alcohol
- Other*

*If marked, please specify below with a detailed description of the extraction method as required by the manufacturing license application in 17 CCR §40220.b. Please also attach the Department approval of the extraction method specified.

8. Odor Control and Ventilation Equipment

ODOR CONTROL

Manufacturer: _____ Model: _____ Serial No: _____

Type of Equipment:

- Fixed regenerative bed
- Disposable/rechargeable canisters
- Traveling bed adsorbers/rotary concentrators
- Fluidized adsorbers

Number of beds: _____ Capacity of each bed: _____ pounds of adsorbent If 2+ beds: In series In parallel

Type of Adsorbent:

- Granulated activated carbon
- Zeolite, molecular sieve
- Synthetic adsorbent
- Other(s): _____
- Trade Name: _____

Adsorbent capacity: _____ (pound vapor/pound adsorbent) Depth of adsorbent bed: _____ ft. _____ in.

Adsorbent vessel dimensions

Height: _____ ft. _____ in. Diameter: _____ ft. _____ in. **OR** Width: _____ ft. _____ in. Length: _____ ft. _____ in.

VENTILATION

Exhaust stack: Yes No

Exhaust fan capacity (cfm): _____ Fan rating (hp): _____ Stack diameter (in): _____ Other: _____ X _____

9. Solvent and Processing Aid Usage

CLEANING SOLVENTS - Please attach MSDS for any solvents used during manufacturing operations

- Ethanol Quantity stored on site _____ gallons Volume used _____ gallons/day
- Other cleaning solvent _____

PROCESSING AIDS - Please attach MSDS for any processing aids used during manufacturing operations

Please describe any substances that are added to the cannabis product during manufacture but are removed before the product is in its finished state. This includes any materials that are added for technical or functional effects in the processing step.



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10. Stationary Engines 50 Hp and Larger (If applicable)

(For multiple engines that are not identical, attach the following information for each engine.)

Manufacturer: _____ Model: _____ Serial No: _____

Engine Size _____ bhp @ _____ rpm Year of Mfg. _____ Year of installation _____

Number identical engines _____ EPA certification No., if known: _____

Generator Mfg: _____ Model: _____ Rating: _____ kW

Type of Use:

direct-drive fire pump backup generator Other (specify) _____

11. Hot Water Heater And Boiler Data For Units Rated At 500,000 Btus/Hr and Larger

(For multiple boilers that are not identical, attach the following information for each boiler)

Boiler Manufacturer: _____ Model: _____ Serial No: _____

Burner Manufacturer _____ Model: _____ Serial No: _____

Heat Input Rating (mmBtu/hr) _____ Fuel type _____ Year of Mfg. _____ Year of Installation _____

Number of Identical Boilers _____

12. General Operations Information

Total operating hours/day _____ Total operating days/week _____

Extraction schedule

Duration of one (1) extraction cycle _____ hours Extraction cycles/day _____ Extraction days/week _____

Duration of extraction equipment cleanout process _____ hours Clean out after each extraction cycle? Yes No

Other processing routines/schedules not described above: _____

I hereby certify that all information provided on this application, and its plans, attachments, and supplemental forms, is true and correct. I agree to pay any and all fees required by District rules for processing this application and for issuance of any Authority to Construct or Permit to Operate. If I abandon this project and withdraw my application, or should my application be disapproved, I agree that the obligation exists to compensate the District for time spent processing my application.

13. SIGNATURE: _____ 14. DATE: _____

15. PRINT NAME: _____

16. ORGANIZATION: _____