



City of Auburn

1225 LINCOLN WAY, AUBURN, CA 95603
(530)823-4211 x103 FAX (530)885-5508 www.auburn.ca.gov



INDOOR MARIJUANA CULTIVATION PERMIT APPLICATION

PERMIT REQUIRED. Before engaging in indoor marijuana cultivation in the City of Auburn, an Authorized Grower (as defined in Auburn Municipal Code section 159.019 (A)) must obtain a cultivation permit from the Public Safety Department. A cultivation permit will be granted upon the submission and verification of the information required in the attached application.

CULTIVATION or **CULTIVATE** means any activity involving the planting, growing, harvesting, drying, curing, grading, or trimming of marijuana plants.

REQUIRED INFORMATION. The following information will be required with the initial permit application and any subsequent permit extensions:

- (A) The physical site address of where the marijuana will be cultivated.
- (B) The name and proof of age of each Authorized Grower who participates in the marijuana cultivation on any parcel, property, and/or private residence where marijuana will be cultivated.

PERMIT TERM. All cultivation permits shall be issued for a term of one (1) year. No property interest, vested right, or entitlement to receive a future permit to cultivate marijuana shall inure to the benefit of such permit holder. Permits may be extended thereafter in increments of one year in accordance with Auburn Municipal Code Section 159.019, subsection (G)(1).

PERMIT FEE. An application for a cultivation permit and a cultivation permit renewal must be accompanied by an application fee, as established by resolution of the Auburn City Council. The fee for the initial cultivation permit and a cultivation permit renewal is \$175.00.

PERMIT REVOCATION OR SUSPENSION. Any cultivation permit issued pursuant to this section will be subject to suspension or revocation by the Public Safety Director within 10 days after notice thereof. The permittee will have the right to a hearing thereon before the City Council upon a written request within the 10 days after the receipt of the notice.

BEFORE YOU APPLY

- ✓ Review the application in its entirety to learn about the application process and which information you will need to submit and to ensure that it is complete and accurate.
- ✓ Visit the City of Auburn website (www.auburn.ca.gov) which contains:
 - Links to the Auburn Municipal Code provisions regulating indoor cultivation of marijuana (Auburn Mun. Code, title XV, chapter 159, section 159.019).
 - Additional application information: Ordinance No. 18 - 02.
- ✓ Visit the California Bureau of Cannabis Control website (www.bcc.ca.gov) which contains links to state laws governing marijuana cultivation, retail licensing, distribution, and manufacturing.

PERMIT CONDITIONS

- (A) Only an Authorized Grower may cultivate marijuana. Cultivation is limited to six (6) plants per private residence or accessory structure. No cultivation may occur in both an accessory building and a private residence on the same parcel. Only one cultivation area of six (6) plants is allowed per private residence.
- (B) From a public right-of-way, there must be no exterior evidence of marijuana cultivation either within or outside the private residence or accessory building.
- (C) The private residence must maintain kitchen, bathrooms, and primary bedrooms for their intended use and not be primarily or exclusively used for marijuana cultivation.
- (D) The marijuana cultivation area must not constitute a nuisance or adversely affect the health or safety of the occupants of other properties by creating dust, glare, heat, noise, noxious gasses, odor, smoke, traffic, vibration, or other impacts, and must not be maintained so as to constitute a hazard due to use or storage of materials, processes, products, or wastes.

PERMIT APPROVAL. The Public Safety Department will review the application for completeness. If an application is deemed incomplete, the Department will inform the applicant by letter sent to the applicant’s primary address. No cultivation may occur until a permit has been issued.

PERMIT APPLICATION

- (1) Is this a permit renewal? **NO** **YES**
- (2) Address and type of structure where marijuana will be cultivated:

| | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----|
| Street Address: | | |
| City | State: | Zip |
| Place an “X” on the line below if marijuana will be cultivated inside a private residence : _____ | Place an “X” on the line below if marijuana will be cultivated inside an accessory structure : _____ | |

- (3) The name of each Authorized Grower who cultivates marijuana. Please attach a copy of a valid government-issued identification to verify proof of age of each Authorized Grower. (Please use multiple application forms if you need more space to list Authorized Growers.)

| | | | |
|------------|------------|-----------------|------|
| Last name: | First name | Middle Initial: | Age: |
| Last name: | First name | Middle Initial: | Age: |
| Last name: | First name | Middle Initial: | Age: |
| Last name: | First name | Middle Initial: | Age: |
| Last name: | First name | Middle Initial: | Age: |

SIGNATURES REQUIRED. Each Authorized Grower listed on this application must read, sign, and date below. Failure to do so will result in denial of a cultivation permit for all Authorized Growers listed on the application.

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the Public Safety Department to properly evaluate the applicants qualifications for registration.

I, the undersigned, further agree and acknowledge that I may be required to provide additional information as needed, for a complete investigation by the Public Safety Department.

I, the undersigned, further agree and recognize that I am responsible for obeying all Federal, State, County and local laws and that I have fully read and understood Auburn Municipal Code section 159.019 regarding marijuana regulations in the City of Auburn.

I, the undersigned, further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the Public Safety Department to deny this permit application and/or immediate grounds for revocation of a marijuana cultivation permit issued pursuant hereto.

- (1) Applicant Name: _____
Signature: _____ Date: _____
- (2) Applicant Name: _____
Signature: _____ Date: _____
- (3) Applicant Name: _____
Signature: _____ Date: _____
- (4) Applicant Name: _____
Signature: _____ Date: _____
- (5) Applicant Name: _____
Signature: _____ Date: _____

Please submit your request to City Hall, Finance/Licensing Revenue Office located at, 1225 Lincoln Way, Room 1, Auburn, CA 95603. Be sure to include this application, proof of age, and associated fee.

ADMINISTRATIVE USE ONLY

In addition to all other applicable law, this permit is subject to all the terms, conditions and restrictions written hereon and/or attached hereto.

APPROVED BY: _____ Date _____

Public Safety Department / City of Auburn

Permit Number _____