



COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES

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To be filled out by the Cannabis Department.

Date Notice of Fallowing Filed: _____

AFFIDAVIT OF FALLOWING

Executed in the State of California, County of _____

Application/Permit # _____

Applicant/Permittee Name: _____

Provide the full name as it appears on the application or permit.

Cultivation Site Address: _____

Street Address, City, Zip Code

I certify (or declare) under penalty of perjury that the following is true and correct:

1. I filed a Notice of Fallowing with the Mendocino Cannabis Department for calendar year _____
2. From the date I filed my Notice of Fallowing to the end of that calendar year, I fallowed the area of my cultivation site shown on the Site Map attached to this Affidavit as Exhibit A (the "Fallowed Area"). The attached Site Map also clearly indicates the immature plant area and any processing area that remained in use during the period of fallowing.

(The Site Map used to show Fallowed Area must match the Site Map on file with the Mendocino Cannabis Department for the cultivation site (other than the Fallowed Area) and that submitted with the Notice of Fallowing.)
3. From the date I filed my Notice of Fallowing to the end of that calendar year, no commercial cannabis was grown on the Fallowed Area, or on any newly developed area on the parcel that contains the Fallowed Area, except for:
 - a. Cultivation of cannabis on any portion of the cultivation site identified as not being within the Fallowed Area;
 - b. Cultivation of cannabis in compliance with the limitations of paragraph (B) and/or paragraph (C) of Mendocino County Code section 10A.17.030; and
 - c. Utilizing any immature plant area as identified on the most recent site plan submitted to the Mendocino Cannabis Department to maintain genetic stock.
4. From the date I filed my Notice of Fallowing to the end of that calendar year, I have complied with the provisions of Mendocino County Code Section 6.32.055.
5. I have fully and accurately reported all gross receipts for any sales of preexisting stock or other taxable revenue for the calendar year of the Notice of Fallowing.

6. I understand that filing this Affidavit of Fallowing does not alter any requirements to have and maintain a permit or an active application for a permit under Mendocino County Code Chapter 10A.17 or a cultivation license pursuant to State law or regulations.
7. I understand that submission of a false or fraudulent Affidavit of Fallowing, or noncompliance with Mendocino County Code Section 6.32.055, shall constitute a violation of law and constitute grounds for denial of a permit application or revocation of a permit, whichever may apply. Violation of Mendocino County Code Section 6.32.055 may also be punishable by not more than the minimum tax owed pursuant to Mendocino County Code Section 6.32.050 for this calendar year.

I declare under penalty of perjury, under the laws of the State of California, that the statements made on this affidavit and the information provided on the attached Exhibit A are true and correct, and, if applicable, that I am authorized to sign on behalf of the applicant listed above.

Signature

Printed Name

Official Representative of

Date