COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES
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APPEAL OF DENIAL OR NON-RENEWAL OF CANNABIS CULTIVATION BUSINESS LICENSE ("CCBL")

INSTRUCTIONS: Applicants have thirty-five (35) days from the date of a denial or non-renewal decision, plus an additional five (5) days if service was made by mail, pursuant to MCC 10A.17.126(A), to submit an appeal to the Division and pay the **Appeal of Application Denial or Non-Renewal fee of $3,042.00**.

Failure to submit a timely appeal will result in the denial or non-renewal becoming final. Upon a final denial or non-renewal of the CCBL application, cannabis cultivation on the parcel is prohibited except as otherwise allowed under Mendocino County Code section 10A.17.030(B) and (C).

NOTICE: An incomplete, untimely and/or unpaid or otherwise invalid request will be rejected, and such rejection will not extend the time prescribed to you to provide your notice of appeal to the County.

TO COMPLETE THIS FORM: (1) print your contact information; (2) fill out the CCBL number identified on your denial or non-renewal notice; and (3) describe the grounds for/basis of your appeal. You may include copies of any documents you believe support your claims. Such documents will not be returned to you but will be provided to the hearing office prior to hearing.

Applicant/Licensee Information (Please Print):	
CCBL Number:	
Name:	
Address: City, St, Zip:	
Phone:	
Email:	

For staff use only:	
Date Received:	
Staff Signature:	

1) This form and all attachments must be uploaded to the CCBL Accela Record.
2) Non-renewed CCBL holders who failed to submit payment as required under MCC 10A.17.100(F)(1) but meet all other requirements of 10A.17.100 and who file an appeal in addition to their renewal payment may have the internal appeal worksheet waived. The Division may approve the appeal following the informal meeting with the appellant.

GROUNDS FOR APPEAL (State the reasons behind and justification for your appeal, and any other supporting details):

_____

_____

_____

☐ Check if any documents are attached. Number of attached pages (if any): _____

_____ _____
DATE SIGNATURE OF APPLICANT/LICENSEE