



# COUNTY OF SAN BENITO

KAREN OVERSTREET AGRICULTURAL COMMISSIONER and SEALER OF WEIGHTS AND MEASURES

3224 Southside Road, PO Box 699, Hollister, CA 95024-0699 Telephone (831) 637-5344 Fax (831) 637-9015

## SAN BENITO COUNTY INDUSTRIAL HEMP REGISTRATION APPLICATION

Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Registration Fee: \$1,000 Make check payable to San Benito County

### SECTION 1 REGISTRANT INFORMATION

Owner:	Business Name:
Mailing Address:	City:
State:	Zip:
Phone Number:	Fax No.:
Primary Contact Name:	Phone Number:
Email:	

### SECTION 2 Premise Type: (check all that apply)

Cultivation <input type="checkbox"/>	Drying/Storage <input type="checkbox"/>	Processing/Manufacturing <input type="checkbox"/>
Record Owner of Property:		
Mailing Address:		
Premise Location:	Location size:	
Assessors Parcel Number:		
<b>Global Positioning System (GPS) coordinates</b>		
Latitude:	Longitude:	

### SECTION 3 Seed Cultivar:

Seed Cultivar:	State or Country of Origin:
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I acknowledge that I agree to abide by San Benito County Code Section 7.04.100 subsection C, which reads as follows:  
Hemp registrants consent, as a condition of issuance of any hemp registration, business license or permit, to the entry by staff of the San Benito County Agricultural Commissioner; Officers of the San Benito County Sheriff; staff of the San Benito County Department of Environmental Health; Code Enforcement Officers, Building Inspectors, and the Chief Building Official of the Department of Planning and Building, Resource Management Agency; Fire Inspectors and the Fire Marshall to make such inspections and to take such actions as may be necessary to enforce the provisions of this ordinance, the San Benito County Code, the laws of the State of California and the laws of the United States. Reasonable advance telephone notices of entry shall be given, to the extent feasible under the circumstances, or as otherwise authorized by law. To the extent reasonably necessary to verify that the hemp contains less than .3% THC, hemp registrants consent to additional testing by enforcement officials, which shall be at the cost and expense of the registrant.

Signature:	Print Name:
Title:	Date:

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Cultivation <input style="width: 50px;" type="checkbox"/>	Drying/Storage <input style="width: 50px;" type="checkbox"/>	Processing/Manufacturing <input style="width: 50px;" type="checkbox"/>
Record Owner of Property:		
Mailing Address:		
Premise Location:	Location size:	
Assessors Parcel Number:		
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COUNTY USE ONLY:		
Registration #:	Issue Date:	Expiration Date:
Fee Paid:	Premise Zoning:	
<input style="width: 80%;" type="checkbox"/>	Premise map with surrounding areas	
<input style="width: 80%;" type="checkbox"/>	Notarized written consent from record owner of property	
<input style="width: 80%;" type="checkbox"/>	Setback agreements	
<input style="width: 80%;" type="checkbox"/>	Copy of Conditional Use Permit	
<input style="width: 80%;" type="checkbox"/>	Mitigation Measures	
Signature:		