



Registration No: _____

CHELAN COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT
316 WASHINGTON STREET, SUITE 301, WENATCHEE, WA 98801
TELEPHONE: (509) 667-6225 FAX: (509) 667-6475

**CANNABIS PRODUCER/PROCESSOR
REGISTRATION APPLICATION**

Type of Business: Processor Producer – Tier 1 Producer – Tier 2 Producer – Tier 3
 Type of Grow: Indoor Outdoor N/A
 Parcel Number (APN): _____ Lot Size: _____ (Acres)
 Name of Business/Entity: _____
 Business Owner's Name: _____
 Corporate Principal(s): _____
 Site Address: _____ City/State/Zip: _____
 Mailing Address (if different from Site Address): _____
 City/State/Zip: _____
 Phone: _____ Alternate Phone: _____
 E-mail: _____
 Is the property leased: Yes No If Yes, Name of Property Owner: _____
 Property Owner Mailing Address: _____ City/State/Zip: _____
 Phone: _____ E-mail: _____

Operation: New Cannabis Producer/Processor Registration Renewal of Cannabis Producer/Processor Registration
 Approved Conditional Use Permit (CUP) #: _____
 Unified Business Identifier (UBI) #: _____ - _____ - _____
 WSLCB License Number: _____
 Domestic Water Source: Single Private Well Shared Private Well Water Rights Public Water Supplier
 Public Water Supply Purveyor: _____
 Irrigation Water Source/Supplier: _____
 Sanitation Disposal: Septic Permit #: _____ Sewer District: _____
 Please attach a copy of the current Washington State Liquor and Cannabis Board approved Operating Plan
NOTE: All registrations expire December 31st of the year issued.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete.

Property Owner Signature (Required): _____ Date: _____

Print Name: _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete.

Business Owner (Required): _____ Date: _____

Print Name: _____

Ⓢ FOR OFFICIAL USE ONLY Ⓢ

Received By & Date:	Approval & Date:	Fees Paid:
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