

**Mono County  
Community Development Department**

PO Box 347  
Mammoth Lakes, CA 93546  
(760) 924-1800, fax 924-1801  
commdev@mono.ca.gov

**Planning Division**

PO Box 8  
Bridgeport, CA 93517  
(760) 932-5420, fax 932-5431  
[www.monocounty.ca.gov](http://www.monocounty.ca.gov)

**COMMERCIAL CANNABIS ACTIVITY  
USE PERMIT  
APPLICATION**

APPLICATION # _____ FEE \$ _____
DATE RECEIVED _____
RECEIPT # _____ CHECK # _____ or CASH <input type="checkbox"/>
RECEIVED BY _____

**APPLICANT/AGENT** ROBERT M. DIVITO JR.

ADDRESS 8033 SUNSET BLVD., #987 CITY/STATE/ZIP LOS ANGELES, CA 90046

TELEPHONE ( 312 ) 823 7638 E-MAIL ROBERT@E7CA.COM

**PROPERTY OWNER**, if other than applicant PROPERTY UNDER PURCHASE AGREEMENT (SIGRA LLC)

ADDRESS 110411 US HIGHWAY 395 CITY/STATE/ZIP COLEVILLE, CA 96107

TELEPHONE ( 312 ) 823 7638 E-MAIL ROBERT@E7CA.COM

Copy of Title or Deed

OR

Signed statement of consent and a copy of the rental agreement

**PROPERTY DESCRIPTION:**

Assessor's Parcel # 002-060-044-000 General Plan Land Use Designation COMMERCIAL

**TYPE OF ACTIVITY** (check all intended use on the property):

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Nursery                   | <input type="checkbox"/> Cultivation          | <input type="checkbox"/> Processing                                      | <input type="checkbox"/> Distribution |
| <input type="checkbox"/> Manufacturing Type N or P | <input type="checkbox"/> Manufacturing Type 6 | <input type="checkbox"/> Manufacturing Type 7                            |                                       |
| <input type="checkbox"/> Testing                   | <input checked="" type="checkbox"/> Retail    | <input type="checkbox"/> Microbusiness (check all activities that apply) |                                       |
| <input type="checkbox"/> Other _____               |   |  |                                       |

**PROPOSED USE:** Describe the proposed project in detail, attaching additional sheets if necessary. NOTE: An incomplete or inadequate project description may delay project processing and/or require additional staff time to write or refine the description.

APPLICANT PROPOSES TO DEVELOP A COMMERCIAL CANNABIS (MEDICAL AND ADULT-USE) DISPENSARY ON THE  
PROPERTY WITH A SECONDARY CANNABIS DELIVERY BUSINESS.

