

**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

**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 107873 US HIGHWAY 395 CITY/STATE/ZIP WALKER, 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 # 002-361-003-000, 002-361-004,000 General Plan Land Use Designation MIXED USE

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.