Mojave Desert Air Quality Management District
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Application for cannabis cultivation, extraction and refinement/purification only

Remit **$302.00** with this document *(**$172.00** for change of owner)*

PLEASE TYPE OR PRINT

Section 1: Owner information

a. Permit to be issued to (company name):		b. Federal tax ID #:	c. NAICS #:
d. Mailing/billing address (for above company name) *include city, state and zip code:*			
e. Facility or business license name (for equipment location):			
f. Facility Address — Location of equipment (if same as for company, enter "Same"):			g. Equip. coordinates (lat/long):
h. Contact name:	i. Title:	j. Email address:	k. Phone:
l. Type of organization (check one): ☐ Individual owner ☐ Partnership ☐ Corporation or LLC ☐ Other: _____			
m. Nature of business (check all that apply): ☐ Cultivation ☐ Mechanical extraction ☐ Non-volatile chemical extraction ☐ Volatile chemical extraction ☐ Winterization ☐ Post-extraction refinement/purification ☐ Packaging/repackaging ☐ Edible goods manufacturing ☐ Other _____			

Section 2: Nature of application

Application is for what type of permit: ☐ New construction ☐ Modification ☐ Change of owner	For modification or change of owner: Current Permit Number: _____
Do you claim Confidentiality of Data? ☐ No ☐ Yes (attach explanation; specify which information provided is confidential)	

Section 3: Equipment information

a. The following information is **REQUIRED** for each piece of equipment that either uses a volatile solvent or has the potential to release Volatile Organic Compounds into the air (Use additional sheets if necessary):

Equipment manufacturer	Equipment model	Used in what process(es)[1]	Monthly throughput[2]	Name(s) of solvent used[3]	Monthly solvent loss[4]

Note 1: Extraction, distillation, refinement/purification, winterization, packaging, etc.

Note 2: Include units such as pounds of cannabis feed material, grams of oil, etc.; Indicate the ***maximum*** possible throughput.

Note 3: N-butane, propane, hexane, ethanol, isopropanol, etc.

Note 4: Include units such as pounds or gallons.

-For District use only-

Application number:	Invoice number:	Permit number:	Company/facility number:

b. List your ***extraction equipment*** that does ***not*** use solvents, such as mechanical screens and presses or non-volatile chemical extraction such as carbon dioxide (CO_2), glycerin, vegetable oil, etc. These will not likely require a permit.			
Manufacturer	Model	Type of non-volatile process	Maximum monthly throughput

Section 4: Odor control devices

a. Please provide the following information for ***each*** different type, make, model, style, etc. of odor control devices you will be operating.
(Use additional sheets if necessary. Each building will require a separate permit.)

ODOR CONTROL SYSTEM 1		
Type of device: ☐ Fixed regenerative bed ☐ Fixed carbon bed ☐ Concentrator ☐ Fluidized adsorber ☐ Rechargeable carbon canister ☐ Replaceable carbon canister ☐ Misting system ☐ Other: _____		
Quantity:	Manufacturer:	Model:
Name of sorbent:	Sorbet weight per unit, in lbs.:	
Vessel height, in inches:	Vessel diameter OR vesselt width x length, in inches:	
Sorbet depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:	
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:	
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:
Does ***any*** exhaust stack from ***any*** of the above units vent to the exterior of the building? ☐ No ☐ Yes		

ODOR CONTROL SYSTEM 2		
Type of device: ☐ Fixed regenerative bed ☐ Fixed carbon bed ☐ Concentrator ☐ Fluidized adsorber ☐ Rechargeable carbon canister ☐ Replaceable carbon canister ☐ Misting system ☐ Other: _____		
Quantity:	Manufacturer:	Model:
Name of sorbent:	Sorbet weight per unit, in lbs.:	
Vessel height, in inches:	Vessel diameter OR vesselt width x length, in inches:	
Sorbet depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:	
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:	
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:
Does ***any*** exhaust stack from ***any*** of the above units vent to the exterior of the building? ☐ No ☐ Yes		

ODOR CONTROL SYSTEM 3		
Type of device: ☐ Fixed regenerative bed ☐ Fixed carbon bed ☐ Concentrator ☐ Fluidized adsorber ☐ Rechargeable carbon canister ☐ Replaceable carbon canister ☐ Misting system ☐ Other: _____		
Quantity:	Manufacturer:	Model:
Name of sorbent:	Sorbet weight per unit, in lbs.:	
Vessel height, in inches:	Vessel diameter OR vesselt width x length, in inches:	
Sorbet depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:	
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:	
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:
Does ***any*** exhaust stack from ***any*** of the above units vent to the exterior of the building? ☐ No ☐ Yes		

Section 5: Miscellaneous sources of air contaminants

Are there any other sources of possible emissions to the atmosphere such as an internal combustion engine with a maximum rated output of 50 bhp or greater to provide either primary or emergency backup electrical power to your facility or additional solvents used to clean equipment at your facility that are not listed above? ☐ No ☐ Yes If yes, please describe the equipment and processes below:

Section 6: Operation information

Facility annual operation by quarters (percent):	Expected extraction and post-extraction processing operating hours:
☐ Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____% Jul-Sep _____% Oct-Dec	_____ Hrs/day _____ Days/wk _____ Wk/yr _____Total annual hours

Section 7: Receptor information

Distance (feet) and direction to the property line of closest **residence**:	Distance: _____	Direction: _____
Distance (feet) and direction to the property line of closest **business**:	Distance: _____	Direction: _____
Distance (feet) and direction to the property line of closest **K-12 school**:	Distance: _____	Direction: _____
Name of closest school (K-12) _____		
If the proposed equipment operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)		

Section 8: Certification

I hereby certify that all information contained herein is true and correct.			
_____ Name of responsible official	_____ Official title	_____ Signature of responsible official	_____ Date signed
Phone:		Email:	

***Please note:** *District staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.*

If any odor control devices exhaust to the exterior of any building, additional Air Pollution Control Device (APCD) permit fees may be incurred.

If needed, internal combustion engine application forms can be found on our website at: http://mdaqmd.ca.gov/home/showdocument?id=4670

Application submission instructions:

1) Submit completed application to Engineering@mdaqmd.ca.gov
2) Pay the corresponding application fee of $302 **per permit** for new or modified permit (or $172 for change of owner) via check or credit card.

   Payment by check:
   Make check payable to the Mojave Desert AQMD
   Mail the check with a copy of this completed application to:
   Mojave Desert AQMD
   14306 Park Avenue
   Victorville, CA 92392

   Payment by credit card:
   Pay online at **http://www.mdaqmd.ca.gov**
   Click ***"Pay Fees"***
   Please note: ***a surcharge applies for all credit card payments.***
3) If payment is made online via credit card, please email the receipt to Engineering@mdaqmd.ca.gov

Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at **engineering@mdaqmd.ca.gov**