		RECEIPT NUMBER: 49-11132020-404			
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		STATE CLEARINGHOUSE NUMBER (If applicable) 2020031167			
LEAD AGENCY SONOMA COUNTY PERMIT AND RESOURCE MANAGEMENT	LEADAGENCY EMAIL			DATE 11/13/2020	
COUNTY/STATE AGENCY OF FILING SONOMA	•			DOCUMENT NUMBER 20-1113-01	
PROJECT TITLE HAWKES TASTING ROOM					
PROJECT APPLICAT NAME CORT MUNSELL PROJECT APPLICA		T EMAIL		PHONE NUMBER (707))565-1900	
PROJECT APPLICANT ADDRESS 613 CENTER ST	CITY HEALDSBURG	STATE CA		ZIP CODE 95448	
PROJECT APPLICANT (Check appropriate box) Local Public Agency School District	Other Special District	s	tate Ag	pency X Private Entity	
CHECK APPLICABLE FEES: Environmental Impact Report (EIR) Mitigated/Negative Declaration (MND)(ND) Certified Regulatory Program (CRP) document - payment due Exempt from fee Notice of Exemption (attach) CDFW No Effect Determination (attach) Fee previously paid (attach previously issued cash receipt cop	·	\$3,343.25 \$2,406.75 \$1,136.50	\$ _ \$ _ \$ _	\$2,406.75	
 □ Water Right Application or Petition Fee (State Water Resources Control Board only) □ County documentary handling fee □ Other 			\$ _ \$ _ \$ _	\$50.00	
PAYMENT METHOD: ☐ Cash ☐ Credit ☐ Check ☒ Other	TOTAL	RECEIVED	\$ _	\$2,456.75	
AGENCY OF FILING PRINTED NAME AND TITLE Carrie Anderson, Deputy County Clerk-Recorder					