

FOR DEPARTMENT USE ONLY

BATCH#	ENTER DATE	TRUST TAX#	BAN#
--------	------------	------------	------



Mendocino County Treasurer-Tax Collector

501 Low Gap Road, Room #1060

Ukiah, CA 95482

(707) 234-6848

***Commercial Cannabis Cultivation
Business Tax Registration Form***

Business Name:

**Cultivation Permit
Applicant Name:**

(Applicant name MUST match cultivation applicant name)

Situs Address:

(Street Address)

(City)

(State)

(Zip Code)

Parcel Number:

NOTE: The following business contact information will be used for ALL department correspondence pertaining to this permit

Business Contact:

**Business Mailing
Address:**

(Street Address)

(City)

(State)

(Zip Code)

Business Phone:

Business Email:

CCBL:

Permit Type:

- Cottage
 Type 1
 Type 2
 Nursery

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

Authorized Signature

Date of Signature

Printed Name

Title