

CHEYANNE GORDON ASSISTANT TREASURER-TAX **COLLECTOR**

MENDOCINO COUNTY TREASURER-TAX COLLECTOR 501 LOW GAP RD., ROOM #1060, UKIAH, CA 95482 (707) 234-6848

Cannabis Program Participants - Tax Imposed

CULTIVATION

- Gross Receipts 2-1/2% (Payable on a calendar quarterly basis);
 At calendar year end, if the below minimum requirement is not met, an invoice will be sent for the balance due.

Cultivating Pursuant to Permit Type: Cottage	Cultivating Pursuant to Permit Type: Type 1	Cultivating Pursuant to Permit Type: Type 2
Minimum Due - \$1,250	Minimum Due - \$2,500	Minimum Due - \$5,000

DISPENSARY – RETAIL

Gross Receipts – 5% (Payable on a calendar quarterly basis)

FACILITY & NURSERY

Flat Rate - \$2,500 (Payable as lump sum or four equal quarterly calendar payments)

PLEASE SIGN BELOW

I have read and understand that my participation in the Mendocino County Cannabis Program requires payment of taxes imposed per Chapter 6.32 – Cannabis Business Tax.

Print Name	Signature		
Mailing Address			
Phone			

	FOR DEPARTMENT USE ONLY					
BATCH#	ENTER DATE	TRUST TAX#	BAN#			



Mendocino County Treasurer-Tax Collector 501 Low Gap Road, Room #1060

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 MI	UST match cultivation ap	plicant name)	
Situs Address:				
	(Street Address)			
	(City)		(State)	(Zip Code)
Parcel Number:				
NOTE: The following business c	ontact information will	be used for ALL departs	ment correspondence pertaini	ng 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
declare, under penalty of per	rjury, that the above	e is true and correct	to the best of my knowle	edge and belief.
uthorized Signature		Date of	f Signature	