



MONTEREY COUNTY TAX COLLECTOR

MARY A. ZEEB, TREASURER - TAX COLLECTOR

P.O. BOX 891, SALINAS, CA 93902-0891

PHONE: 831-755-5017; FAX # 831-759-6623

EMAIL: BUSINESS.TAX@CO.MONTEREY.CA.US

Date: _____
Deputy: _____
License # _____
For Internal Use Only

COMMERCIAL CANNABIS BUSINESS TAX SELF REPORT FORM

Pursuant to Monterey County Code Chapter 7.100 and the Administrative Rules and Procedures for Commercial Cannabis Business Tax promulgated by the Treasurer-Tax Collector, all persons or entities engaged in commercial cannabis activities, as defined therein, shall self-report such activities immediately by completing the Commercial Cannabis Business Tax Self Report Form. A Self Report Form is required for the current quarter, even if one was previously submitted. Completed forms should be emailed to Business.Tax@co.monterey.ca.us or by mail to: Monterey County Treasurer-Tax Collector, CCBT, PO Box 891, Salinas, CA 93902.

Date: _____ Fiscal Year: 2017-2018
Reporting Quarter: July - September

Entity Name: _____ Telephone Number: _____

Trade Name (DBA): _____ Parent Entity (if entity is a subsidiary): _____

Business Physical Location: _____ (Number & Street) (City) (State) (Zip Code)

Assessor's Parcel Number for Physical Location: _____

Business Start Date within unincorporated Monterey County: _____

Business Mailing Address: _____ (Number & Street) (City) (State) (Zip Code)

Email Address where tax statements/returns/account balances should be sent (only one email address may be designated):

Electronic Communications Disclosure: By providing Monterey County Tax Collector with an email address, you agree and consent to receive electronic communications via email, including copies of tax statements, account balances or tax returns to the address identified above. The Monterey County Tax Collector may also contact you via telephone, letter and other mediums of communication.

SECTION ONE: FOR CULTIVATORS

[] Cultivation (Types 1A, 1B, 1C, 2A, 2B, 3A, 3B) [] Cultivation - Type 4 Nursery (If selected, complete Section Three)

_____ Total Square Feet

_____ Total Square Feet

SECTION TWO: ALL OTHER BUSINESS TYPES

* Select any that apply.

- [] Type 6: Manufacturer 1 - Non-volatile [] Type 7: Manufacturer 2 - Volatile
[] Type 8: Testing Laboratory [] Type 10: Retailer
[] Type 11: Distributor

SECTION THREE: TYPE 4 CERTIFICATION

This section is to be completed only if Type 4 is selected above.

I certify that the entity or individual identified on this form produces only clones, immature plants, seeds, and other agricultural products used specifically for the planting, propagation, and cultivation of cannabis as defined by Monterey County Code, Chapter 7.100.040(S).

Signature of Owner/Agent Print Name and Title Date

SECTION FOUR: SIGNATURE

I declare under penalty of perjury of the laws of the State of California that the information provided herein is true and correct.

Signature of Owner/Agent Print Name and Title Date