

**CANNABIS BUSINESS TAX APPLICATION**

PLEASE PRINT OR TYPE

NO \_\_\_\_\_

<b>BUSINESS ACTIVITY INFORMATION</b>					
BUSINESS NAME (DBA NAME USED TO IDENTIFY YOUR BUSINESS)				NEW OR CHANGES? <input type="checkbox"/> NEW <input type="checkbox"/> CHANGES	STARTING DATE
BUSINESS PHONE NO. ( )		OWNER/CORPORATION PHONE NO. ( )		OWNERSHIP TYPE <input type="checkbox"/> SOLE <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____	
EMAIL ADDRESS		WEB SITE ADDRESS			
STATE CERT./LICENSE NO.	EXP. DATE	FEDERAL ID NO.	STATE EMPLOYER ID NO.	NO. OF EMPLOYEES	
BUSINESS DESCRIPTION					
BUSINESS LOCATION ADDRESS					
BUSINESS ZONED: <input type="checkbox"/> COMMERCIAL OR <input type="checkbox"/> RESIDENTIAL HOME OCCUPATION PERMIT # _____ (CHECK ONE)					
OWNER/CORPORATION ADDRESS (STREET NAME AND NO., SUITE NO., CITY, STATE, ZIP CODE)					
IF CORPORATION: NAME/ADDRESS TO RECEIVE LEGAL DOCUMENTS					
MAILING ADDRESS (WHERE YOU WANT US TO MAIL THE BUSINESS TAX CERTIFICATE OR OTHER CORRESPONDENCE)					
<b>CONTACT INFORMATION</b>					
OWNER OR CORPORATE OFFICERS' NAME & TITLE (STATE CONTRACTOR, SEE BELOW*)		RELATIONSHIP TO COMPANY	SOCIAL SECURITY NO.	CA DRIVER'S LICENSE	
1)					
2)					
3)					
*STATE CONTRACTOR LICENSE NO.					

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_