

SANTA CRUZ COUNTY TREASURER-TAX COLLECTOR

CANNABIS BUSINESS TAX (CBT) REGISTRATION FORM

SUBMIT FORM TO: P.O. BOX 1817, SANTA CRUZ CA 95061

TELEPHONE (831) 454-2510 FAX (831) 454-2257

☐ Cultivator ☐ Manufacturer ☐ Retailer ☐ Retail Farm ☐ Distributor

DBA: _____

Business Name: _____

Business Address: _____

Street Address or Post Office Box

City/Town

State

Zip Code

Business Phone Number: (_____) _____

Business Physical Location (*if different than above*):

Street Address

City/Town

State

Zip Code

Business Physical Location Phone (*if different than above*): (____) _____

Business Email Address: _____

Owner Name: _____

Business Contact Person (*if different*): _____

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