SANTA CRUZ COUNTY TREASURER-TAX COLLECTOR

CANNABIS BUSINESS TAX (CBT) REGISTRATION FORM

SUBMIT FORM TO: P.O. BOX 5639, SANTA CRUZ CA 95063 TELEPHONE (831) 454-2510 FAX (831) 454-2257

☐ Cultivator	☐ Manufacturer ☐ Re	etailer	n ∐ Distributor	
DBA:			_	
Business Nam	ne:		_	
Business Add	ress:			
	ress: Street Address or Post Office Box			
	City/Town	State	Zip Code	
Business Pho	ne Number: ()			
Business Phys	sical Location (if different than d	above):		
	Street Address			
	City/Town	State	Zip Code	
Business Phys	sical Location Phone (if differen	nt than above): ()		
Business Ema	nil Address:			
Owner Name	:			
Business Con	tact Person (if different):			
declare, under pe	enalty of perjury, that the above is	s true and correct to the best of	my knowledge and belief.	
Authorized Signature		Date of Sign	Date of Signature	
Printed Name		Title		