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

ultivator	☐ Manufacturer	☐ Dispensary	☐ Delivery	Service
DBA:				
Rucinace Na	mo:			
	me:			
Business Ado	dress:Street Address or Post C	Office Dov		
	Street Address of 1 ost C	лисс вох		
	City/Town		State	Zip Code
Business Pho	one Number: ()		
Business Phy	ysical Location (if diffe	erent than above):		
	Street Address			
	City/Town		State	Zip Code
Business Phy	ysical Location Phone	(if different than above	?): ()	
Business Em	ail Address:			
Owner Name	e:			
Business Co	ntact Person (if differe	nt):		
clare, under p	enalty of perjury, that t	he above is true and co	rrect to the best o	of my knowledge and belic
thorized Signature			Date of Signature	
nted Name			Title	