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 ☐ Dispensary ☐ Delivery Service

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**