Finance Department
City of Redding
777 Cypress Avenue
Redding, CA 96001

CANNABIS BUSINESS TAX - REGISTRATION APPLICATION

FOR CITY USE ONLY	
CUSTOMER ACCOUNT #	
DATE ISSUED	
BUSINESS LICENSE #	

The following information to be provided by Owner Operator

IMPORTANT - Change of owner/operator requires a new application

LICENSE # ISSUED BY THE BUREAU OF CANNABIS CONTROL:	
DATE ISSUED	

PLEASE PRINT OR TYPE

Business Name: _____

DBA: _____

Business Address: _____

_____

Mailing Address: _____

_____

Email Address: _____

Phone Number _____

Business Type: (Please check all that apply)

_____ **Cultivation**
_____ **Retail**
_____ **Other** (Manufacturing, Processing, Storage, Laboratory Testing and Distribution)

***Type of Ownership:** (provide completed W-9 Form)

_____ **Sole Proprietor**
_____ **Partnership**
_____ **Corporation**

LLC-doing business as:

_____ Partnership
_____ Corporation
_____ Sole Proprietorship

OWNER(S) NAME (attach additional pages if necessary)	**HOME ADDRESS** (for each owner)

Contact Person _____

Date _____ _____
PRINT NAME

I certify, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge.

_____
AUTHORIZED SIGNATURE