



CANNABIS BUSINESS TAX DISPENSARY, DELIVERY SERVICE, MANUFACTURER OR CULTIVATION

MAIL TO:
CITY OF SALINAS
FINANCE DEPARTMENT
200 LINCOLN AVE.
SALINAS, CA 93901

QUARTERLY REPORT FOR QUARTER ENDING _____ YEAR: _____
NOTE: TAX DELINQUENT IF NOT RECEIVED ON OR BEFORE THE LAST DAY OF THE MONTH FOLLOWING
THE CLOSE OF THE QUARTER

Business Name: _____ Business Phone: _____
Business Address: _____ Contact Name: _____
Business License #: _____ Cannabis Permit #: _____

DISPENSARY, DELIVERY SERVICE OR MANUFACTURER

A	QUARTER GROSS RECEIPTS	_____
B	BUSINESS TAX RATE	5%
C	QUARTER BUSINESS TAX DUE	\$ -

CULTIVATION

D	SQUARE FOOTAGE OF CANOPY SPACE PER CULTIVATION PERMITS	Sq. Ft.	-
E	BUSINESS TAX PER SQUARE FOOTAGE	\$	15.00
F	ANNUALIZED BUSINESS TAX	\$	-
G	ANNUALIZED BUSINESS TAX DIVIDED IN QUARTERLY INSTALLMENTS	\$	-

PENALTIES CALCULATED PER CHAPTER 19A, SECTION 10.120

1	QUARTER BUSINESS TAX OWED	\$	-
2	IF DELINQUENT ADD PENALTY: (25% for first month)	\$	-
3	PAYMENTS MADE (enter as a negative number)		
4	ADDITIONAL PENALTY: (interest on the unpaid tax from the due date) 1/3% of unpaid tax per month from date of delinquency	\$	-
5	TOTAL PENALTY DUE (Lines 2, 3, & 4)	\$	-
6	TOTAL CANNABIS QUARTER TAX AMOUNT DUE (Lines C, G, & 5)	\$	-
Account 1000.00.0000-50.2081 - BLCCB			

SIGNATURE AND DATE

I DECLARE UNDER PENALTY OF MAKING A FALSE DECLARATION THAT I AM AUTHORIZED TO MAKE THIS STATEMENT, AND
THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE STATEMENT MADE IN GOOD
FAITH FOR THE PERIOD STATED IN COMPLIANCE WITH THE PROVISIONS OF THE SALINAS MUNICIPAL CODE