



# CITY OF RED BLUFF

555 Washington Street

Red Bluff, CA 96080

## Commercial Cannabis Public Benefit Fee

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

State License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business License Number \_\_\_\_\_ Issue Date \_\_\_\_\_

For Period of \_\_\_\_\_ through \_\_\_\_\_  
(no more than a three-month period)

1. Gross Receipts	\$ _____	
2. Amount of Tax Due: (3% of Item 1)	\$ _____	(\$150,000 Maximum Due)
3. Penalty (1% of the amount above if paid after the 15 <sup>th</sup> of the month proceeding the through date above)	\$ _____	
4. Total Due: (Item 2 Plus Item 3)		\$ _____

### First-Time Payment

**\$5,000.00**

(due within 15 days of business license or issuance of building permit final)

### CERTIFICATE

I have examined this report, the statements made, the figures shown herein, and the accompanying schedules, if any. This report and accompanying schedules are, to the best of my knowledge and belief, a true and complete return, made in good faith for the period stated. I also certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Title (Owner, Partner, Agent, Officer, etc.) Date

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact Email

### NOTICE

The tax will be delinquent if not paid on or before the 15<sup>th</sup> day of the month in which it is due.

A penalty of 1% is added after the delinquent date.