



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 Public Benefit Fee Due: (3% of Item 1)	\$	_____	(\$150,000 Maximum Due)
3. Penalty (1% of the amount above if paid after the 15 th 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 fee will be delinquent if not paid on or before the 15th day of the month in which it is due.

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