



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

**CANNABIS BUSINESS TAX
REGISTRATION APPLICATION**

ELIZABETH BUENROSTRO GINSBERG
TREASURER AND TAX COLLECTOR

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
LINDSEY P. HORVATH
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

Business Information

Business Name			
DBA			
Property Address			
Email Address		Phone Number	
Date business started operating			
Business Type:		Cultivation Type (select one):	
<input type="checkbox"/>	Distribution	<input type="checkbox"/>	Artificial Lighting only
<input type="checkbox"/>	Manufacturing/Processing	<input type="checkbox"/>	Square footage of Canopy space: _____
<input type="checkbox"/>	Retail Sales	<input type="checkbox"/>	Combination Natural and Artificial Lighting
<input type="checkbox"/>	Testing Laboratory	<input type="checkbox"/>	Square footage of Canopy space: _____
<input type="checkbox"/>	Cultivation (please select type in next column)	<input type="checkbox"/>	No Artificial Lighting
<input type="checkbox"/>	Other (please describe):	<input type="checkbox"/>	Square footage of Canopy space: _____
		<input type="checkbox"/>	Nursery
		<input type="checkbox"/>	Square footage of Canopy space: _____

Business Ownership (Select one):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Estate/Trust/Business Trust	<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other (please specify):		
Please attach:					
1) Articles of Incorporation					
2) Statement of Information for the Business					

Owner Information

Owner Name			
Mailing Address (if different from business)			
Email Address (if different from business)		Phone Number (if different from business)	

Certification and Acknowledgment

By signing below, I declare under penalty of perjury under the laws of the State of California, that the information above is true and correct; that I have reviewed all the requirements regarding the Cannabis Business Tax; that I understand the procedures for remitting such tax to the County of Los Angeles each month; that I acknowledge payment of tax is due whether a business is operating with or without required permits and licenses, and that I will otherwise follow all applicable laws and regulations, including building and health and safety codes.

Signature of Owner		Date	
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CANNABIS BUSINESS TAX
APPLICATION FOR REGISTRATION

Please return this application to:

LOS ANGELES COUNTY TREASURER AND TAX COLLECTOR
500 W TEMPLE STREET, ROOM 462
LOS ANGELES, CA 90012
ATTN: CANNABIS BUSINESS TAX UNIT

IMPORTANT INFORMATION

The Los Angeles County Cannabis Business Tax (CBT) is codified in Title 4, Chapter 4.71 of the Los Angeles County Code. Refer to <http://library.municode.com/CA/Los Angeles County>.

If you have any questions regarding this form or CBT in general, please call (213) 893-7984, Monday-Friday, 8:00 a.m. to 4:00 p.m. PT, or send an email to cbt@ttc.lacounty.gov. You may also visit the CBT website at <https://ttc.lacounty.gov/cbt/>.

FOR COUNTY USE ONLY

Internal Controls Branch – Cannabis Business Tax Unit									
Received by/ Date:									
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Account No.							
Comment:									
SD1	<input type="checkbox"/>	SD2	<input type="checkbox"/>	SD3	<input type="checkbox"/>	SD4	<input type="checkbox"/>	SD5	<input type="checkbox"/>
Processed by/ Date:		Reviewed by/ Date:			Approved by/ Date:				