



# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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 Fifth District

**KEITH KNOX**

TREASURER AND TAX COLLECTOR

## CANNABIS BUSINESS TAX REGISTRATION APPLICATION

### Business Information

<b>Business Name</b>			
<b>DBA</b>			
<b>Property Address</b>			
<b>Email Address</b>		<b>Phone Number</b>	
<b>Date business started operating</b>			
<b>Business Type:</b>		<b>Cultivation Type (select one):</b>	
<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

<b>Owner Name</b>			
<b>Mailing Address</b> (if different from business)			
<b>Email Address</b> (if different from business)		<b>Phone Number</b> (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.*

<b>Signature of Owner</b>		<b>Date</b>	
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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**

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**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](mailto:cbt@ttc.lacounty.gov). You may also visit the CBT website at <https://ttc.lacounty.gov/cbt/>.

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**FOR COUNTY USE ONLY**

**Internal Controls Branch – Cannabis Business Tax Unit**

Received by/ Date:

Approved     Denied    Account No.

Comment:

SD1        SD2        SD3        SD4        SD5   

Processed by/ Date:

Reviewed by/ Date:

Approved by/ Date: