

City of Palm Springs

Department of Finance and Treasury

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<u>CULTIVATION TAX REMITTANCE FORM – CANNABIS BUSINESS OR ACTIVITY</u>

(FOR BUSINESSES OPERATING FOR 12 MONTHS AND WITHOUT A VALID CITY-ISSUED PERMIT) - SECTION 3.42.040 PSMC

- THE CITY'S TAX ON CANNABIS BUSINESS OR ACTIVITY, ORDINANCE 1946, IS IMPOSED ON EVERY PERSON ENGAGED IN OPERATING OR OTHERWISE CONDUCTING A CANNABIS BUSINESS OR ACTIVITY, AND REGARDLESS OF WHETHER SUCH CANNABIS BUSINESS OR ACTIVITY HAS A PERMIT PURSUANT TO SECTION 5.35, 5.45 AND/OR 5.55 OF THE CITY'S MUNICIPAL CODE, SHALL PAY A CANNABIS TAX UP TO A MAXIMUM OF 15 CENTS FOR EACH \$1.00 OF PROCEEDS OR FRACTIONAL PART THEREOF, AND \$10.00 PER SQUARE FOOT OF CULTIVATION AREA OR FRACTION THEREOF.
- PURSUANT TO SECTION 3.42.125.E OF THE CITY'S MUNICIPAL CODE THE CITY ATTORNEY SHALL HAVE THE DISCRETION TO ISSUE AN ADMINISTRATIVE CITATION, AND IMPOSE AN ADMINISTRATIVE FINE IN THE AMOUNT OF \$5,000 FOR EACH MONTH THAT ANY PAYMENT OF TAX IS OVERDUE.
- IF THE CITY MANAGER DETERMINES NONPAYMENT OF ANY AMOUNT DUE UNDER THIS CHAPTER OR DIVISION II OF TITLE 3 IS DUE TO FRAUD, A PENALTY OF 25 PERCENT OF THE AMOUNT OF OTHERWISE DUE SHALL BE ADDED THERETO IN ADDITION TO PENALTIES AND INTEREST OTHERWISE STATED IN THIS CHAPTER.

FEIN OR SSN: _____

PURSUANT TO SECTION 3.42.045 OF THE CITY'S MUNICIPAL CODE, REGISTRATION OF CANNABIS BUSINESS OR ACTIVITY IS REQUIRED.

BUSINESS NAME: ______

OWNER NAME:

RETURNS ARE DUE MONTHLY — ONE FORM PER FACILITY - PLEASE CONTACT OUR OFFCE TO SCHEDULE YOUR APPOINTMENT PRIOR TO COMING IN.

ADDR	ESS	:			
PHON	IE N	IUMBER:	FAX NUMBER:		
EMAII	L:				
PERM	IT N	NUMBER (APPLICATION CASE NUMBER):			
TAX R	EGI	STRATION CERTIFICATE NUMBER:			
☐ CHE	ECK	BOX IF ANY OF THE ABOVE INFORMATION HAS CHANGED			
		FING PERIOD (MONTH/YEAR):	INSTALI	_MENT OF 1	
1		TOTAL SQUARE FOOT OF CULTIVATION AREA:		-	
2		MULTIPLY LINE 1 BY \$10.00:	SQ. F		
3		DIVIDE LINE 2 BY 12 MONTHS: TAX DUE: MONTHLY INSTALLMENT:	<u> </u>	* PER PSMC 3.42.100 PAYMENT OF TAX ON	
4		LATE PAYMENT PENALTY (25% OF LINE 2) OF TAX OWED:		OR ACTIVITY FROM	
5		TOTAL (ADD LINE 3 + LINE 4):		ANY ONE CALENDAR	
6		ADDITIONAL PENALTY (25%) PER MONTH OF DELIQUENCY – FOR ANY DELIQUENCY THAT EXCEEDS ONE MONTH:		THE TAX ADMINISTRATOR ON	
7		TOTAL (ADD LINE 5 + LINE 6):		OR BEFORE THE LAST BUSINESS DAY OF THE	
8		INTEREST (1% PER MONTH OF LINE 8) ON TAX, FEES & PENALTIES:		FOLLOWING MONTH; OTHERWISE, PENALTY	
9		ADDITIONAL FEES (IF APPLICABLE):		OF TWENTY-FIVE 25 PERCENT (25%) PLUS	
10.	0.	TOTAL AMOUNT DUE (ADD LINE 7 + LINE 8 + LINE 9): INCLUDES TAX, FEES, AND PENALTIES *		INTEREST WILL APPLY.	
REMIT	то	CITY OF PALM SPRINGS, FINANCE DEPARTMENT P.O. BOX	2743 PALM SPRINGS, CA 92263-	2743	
	ARI	E UNDER PENALTY OF PERJURY THAT THE ABOVE RETURN IS TRUE, O	•		
AUTHORIZED SIGNATURE:			DATE:	DATE:	
NAMI	E A I	ND TITLE OF AUTHORIZED PERSON:			