



City of Palm Springs

Department of Finance and Treasury

P.O. Box 2743 • Palm Springs, California 92263-2743

Tel: (760) 323-8229 • Fax: (760) 322-8320 • Web: www.palmspringsca.gov

CULTIVATION TAX REMITTANCE FORM - CANNABIS BUSINESS ACTIVITY

(FOR BUSINESSES OPERATING 11 MONTHS OR LESS 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.
- PURSUANT TO SECTION 3.42.045 OF THE CITY'S MUNICIPAL CODE, REGISTRATION OF CANNABIS BUSINESS OR ACTIVITY IS REQUIRED.
- RETURNS ARE DUE MONTHLY – ONE FORM PER FACILITY - PLEASE CONTACT OUR OFFICE TO SCHEDULE YOUR APPOINTMENT PRIOR TO COMING IN.

BUSINESS NAME: _____ **FEIN OR SSN:** _____

OWNER NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

EMAIL: _____

PERMIT NUMBER (APPLICATION CASE NUMBER): _____

TAX REGISTRATION CERTIFICATE NUMBER: _____

CHECK BOX IF ANY OF THE ABOVE INFORMATION HAS CHANGED

REPORTING PERIOD (MONTH/YEAR): _____ **INSTALLMENT** _____ **OF** _____

CHECK BOX IF THIS IS AN AMENDED RETURN

1.	TOTAL SQUARE FOOT OF CULTIVATION AREA:	SQ. FT.
2.	MULTIPLY LINE 1 BY \$10.00:	
3.	DIVIDE LINE 2 BY 12 MONTHS	
4.	TAX DUE: MONTHLY INSTALLMENT: (MULTIPLY LINE 3 BY NUMBER OF MONTHS (_____) IN OPERATION):	
5.	LATE PAYMENT PENALTY (25% OF LINE 2) OF TAX OWED:	
6.	TOTAL (ADD LINE 4 + LINE 5):	
7.	ADDITIONAL PENALTY (25%) PER MONTH OF DELIQUENCY – FOR ANY DELIQUENCY THAT EXCEEDS ONE MONTH:	
8.	TOTAL (ADD LINE 6 + LINE 7):	
9.	INTEREST (1% PER MONTH OF LINE 8) ON TAX, FEES & PENALTIES:	
10.	ADDITIONAL FEES (IF APPLICABLE):	
11.	TOTAL AMOUNT DUE (ADD LINE 8 + LINE 9 + LINE 10): INCLUDES TAX, FEES, AND PENALTIES *	

* PER PSMC 3.42.100
PAYMENT OF TAX ON
CANNABIS BUSINESS
OR ACTIVITY FROM
ANY ONE CALENDAR
MONTH IS DUE TO
THE TAX
ADMINISTRATOR ON
OR BEFORE THE LAST
BUSINESS DAY OF THE
FOLLOWING MONTH;
OTHERWISE, PENALTY
OF TWENTY-FIVE 25
PERCENT (25%) PLUS
INTEREST WILL APPLY.

REMIT TO: CITY OF PALM SPRINGS, FINANCE DEPARTMENT | P.O. BOX 2743 | PALM SPRINGS, CA 92263-2743

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE RETURN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

NAME AND TITLE OF AUTHORIZED PERSON: _____