



City of Healdsburg

Finance Department
401 Grove Street
Healdsburg, CA 95448

Phone: (707) 431-3184

Fax: (707) 431-3171

Visit us at: www.healdsburg.gov

Email: finance@healdsburg.gov

CANNABIS BUSINESS TAX REGISTRATION FORM

Business Name: _____

DBA: _____

Physical Location: _____

Street City State Zip

Mailing address: _____

Street City State Zip

Business License No.: _____

Nature of Cannabis Business Activity (check all that apply):

Recreational Retail

Manufacturing

Lab Testing

Distribution

Business Contacts (check box as appropriate for each contact):

Note: Contacts listed on this form are authorized to sign and submit the Cannabis Business Tax returns.

Owner Name: _____ Phone: _____
Principal Address: _____
Manager Street City State Zip
Email: _____

Owner Name: _____ Phone: _____
Principal Address: _____
Manager Street City State Zip
Email: _____

Owner Name: _____ Phone: _____
Principal Address: _____
Manager Street City State Zip
Email: _____

Owner Name: _____ Phone: _____
Principal Address: _____
Manager Street City State Zip
Email: _____

(See second page for additional lines for business contacts.)

(Business Contacts - continued)

Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	
Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	
Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	
Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	
Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	
Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	
Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	
Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	
Owner	<input type="checkbox"/>	Name: _____	Phone: _____
Principal	<input type="checkbox"/>	Address: _____	
Manager	<input type="checkbox"/>	Street _____	City _____ State _____ Zip _____
		Email: _____	

Please submit this completed form to the Finance Department via e-mail, fax, or mail - see contact information at the top of Page 1. Updates to business contacts shall also be made using this form.