

TREASURER-TAX COLLECTOR SAN DIEGO COUNTY

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CANNABIS TAX CEASE OF BUSINESS

I hereby certify that the below named business is no longer operating and that Cannabis Tax no longer applies.

TO BE COMPLETED BY OWNER OR OPERATOR		
Registration Number:		
Business Name:		
Address:		
Mailing Address:		
Owner Name(s):		
Last Date of Business:		
All Cannabis Tax Reporting Forms and payments were submitted		
up to the last day of business listed above.		
☐ Yes; ☐ No		
The San Diego County Tax Collector cannot close an establishment that has unresolved		
Cannabis Tax Reporting Forms and/or payments.		
By checking this box, I declare under penalty of perjury that the information in this form is true and correct.		
Name (Print):		
Title (Print):		Date:
Phone Number:		Email:

PLEASE READ

Ordinance No. 10838 Section 22.418(b) RECORDS:

It shall be the duty of every person liable for the payment to the County of any tax imposed by this chapter to keep and preserve, for a period of at least three (3) years, all records as may be necessary to determine the amount of such tax as he or she may have been liable for, which records the Tax Administrator or his/her designee, which may include a third party, shall have the right to inspect at all reasonable times.

Please SAVE this PDF and email as an attachment to: SDCannabisTax@sdcounty.ca.gov