



Cannabis Business Tax Certificate Application

Finance Department • P.O. Box 45017 • Fresno, CA 93718-5017

Fresno City Hall • 2600 Fresno St., Room 2162 • Fresno, CA 93721 Phone: (559) 621-6880 / FAX: (559) 457-1202

Hours: Monday – Friday 9:00 a.m. – 4:30 p.m.

Application Processing Fee	\$	10.00
Initial Tax Charge	+ \$	
State Mandated Fee	+ \$	4.00
<small>For more information see AB1379 notice on reverse</small>		
Please remit this amount	= \$	

NOTICE: Before you apply for a new business tax certificate for your Cannabis business, you are required to apply for a Cannabis Business Permit from the Fresno City Manager's Office. Please contact the City Manager's Office of Cannabis Oversight for additional information:

- Fresno City Hall, 2600 Fresno St Room 2064, Fresno CA 93721
- Cannabis.Regis@fresno.gov
- <https://www.fresno.gov/citymanager/office-of-cannabis-oversight/>
- (559) 621-5555

1. Business Name: _____
If a business name is not used, enter owner's name
2. Email Address: _____ [] Email Notification Opt-In
3. Describe Business: _____
(In Detail) *Indicate your business' activities (mark all that apply):*
- ☐ Retail Sales of Cannabis Products ☐ Retail Sales of Non-cannabis Products ☐ Cannabis Test Lab
- ☐ Distribution/Delivery of Cannabis Products ☐ Manufacturing of Cannabis Products
- ☐ Commercial Cultivation of Cannabis (Indicate current Canopy Space Square Footage: _____)
4. Date Opened: _____ / _____ / _____ *Date business began operating in the City of Fresno*
mo day yr
5. Business Location: _____
Physical/street address (or range of addresses) Unit #
- _____ *City State Zip Code Business Phone #*
6. Mailing Address: _____
Street/P.O. Box Address Unit# Attention
- _____ *City State Zip Code*
7. Ownership Type: _____
(mark all that apply)
- ☐ Sole Proprietor ☐ Partnership ☐ Corporation # _____ ☐ LLC# _____
- ☐ Non-Profit ☐ U.S. Armed Forces Veteran (Honorably Discharged)
- ☐ Other (specify) _____

8. Ownership Info:	(Circle One) Owner / Partner / President	(Circle One) Co-Owner / Partner / Vice Pres. / Etc.
	Full Name	
	Complete Residential Address (include zip)	
	Telephone Home: Cell:	Home: Cell:
	Date of Birth	
Driver's License No.		

Please attach personnel list submitted with your Cannabis Business Permit Application

9. Federal Tax I.D. No.: _____ State Resale No.: _____

MUST COMPLETE BOTH SIDES OF APPLICATION • INITIAL AND SIGN

For Official Use Only	
Business Type: _____	First Tax Period: _____ Expiration Date: _____
Notes: _____	
IYE: [] Yes [] No _____	[] Cannabis Business Permit No. _____ CLSD/Date _____ Pulled _____ Scanned _____
Account: _____	Date: _____ By: _____

Business Description and Information

If you know your NAICS code, provided by the state, please provide: _____

Number of Employees: _____ Current Year Estimated Gross Receipts in City of Fresno \$ _____ .00

Square Footage: _____

Please describe your business and the products or services you will provide. Include types of products and quantities stored:

Do you sell your service or product outside of California? [] Yes [] No

If Yes, what is the current year estimated gross value of product/service you export? \$ _____ .00

Landlord Info:

Name of property owner or person to whom rent is paid

Address of property owner or person to whom rent is paid

In October 2017 Governor Brown signed into law AB1379, which adds a state fee of \$4.00 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public.

You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx or (916) 445-8100
The Department of Rehabilitation at www.rehab.cahwnet.gov or (559) 445-6011/TTY (844) 729-2800 The California Commission of Disability Access at www.ccda.ca.gov or (916) 319-9974

☐ I have the preliminary approval letter for the Cannabis Business Permit issued by the Fresno City Manager's Office

☐ I acknowledge that the issuance of a Business Tax Certificate does not exempt me from the requirements of any City, County, State or Federal law.

☐ A copy of the preliminary approval letter is attached to this application

☐ **YES**, I am interested in receiving emails about the City's business support programs

I hereby certify under penalty of perjury under the State laws of California that the above information is correct and I am an authorized representative of this business. I understand this application is a City of Fresno Municipal Code requirement and not a license to do business. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances, and regulations established for such business/profession.

Signature _____ Title _____

Printed Name _____ Date _____

*****OFFICE USE ONLY*****

ACCT # _____

INITIALS _____

r:/forms/072821