



Office of the Finance Manager
124 N. Cloverdale Blvd.
Cloverdale, CA 95425
Phone: (707) 894-2521 • Fax: (707) 894-3451
Email: sholmes@ci.cloverdale.ca.us

City of Cloverdale
Cannabis Business Tax
New Business Registration Form

PLEASE TYPE OR PRINT CLEARLY.
 ONE FORM PER BUSINESS PER LOCATION.

If you are a new cannabis business locating inside the Cloverdale city limits, you will need to go to the Planning and Community Development Office, City Hall, to comply with all permit and zoning clearance requirements before starting your business. Planning and Community Development Office is open Monday through Thursday. For more information regarding the City of Cloverdale Cannabis Program, please visit www.cloverdale.net/cannabis.

Legal Business Name: _____ **Application Date:** ____/____/____.

DBA (Doing Business As) _____ **Number of Employees:** _____

Business Phone: _____ **Alternate Phone:** _____ **Fax:** _____

Business Physical Location: _____
(Street-No PO Box) (City) (State) (Zip)

Business Mailing Address: _____
(Address or PO Box) (City) (State) (Zip)

Ownership Type: Sole Proprietorship (Individual) General Partnership Corporation LLC LLP Trust

Social Security #: _____ **Federal ID #:** _____ **Business Start Date in Cloverdale:** ____/____/____

*****Note: If the business has multiple owners, please attach a separate sheet with additional owner information.*****

Owner(s) Name: _____
(First Name) (Middle Initial) (Last Name)

Owner(s) Address: _____
(Street-No PO Box) (City) (State) (Zip)

Owner's Phone: _____ **State License #** _____ **State Sellers Permit #:** _____
(If applicable)

Contact Person (Tax Payment): _____ **Title:** _____ **Phone:** _____

Please provide the business website address: _____

Please provide the business email address: _____

Does your business have multiple branch or locations in Cloverdale? Yes No

Type/s of cannabis business (check all that apply): Cultivation Delivery Service Distribution Manufacturing

Testing Dispensary Microbusiness Other _____

I declare under penalty of perjury that the information contained in this application is true and correct. I understand that a Cannabis Business Tax Certificate of Registration is not a license to operate and does not permit business operation unless my business has all the required permits, properly zoned and/or in compliance with all applicable laws and rules.

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Phone Number: (____) _____