



City of Hesperia

Department of Finance

CANNABIS BUSINESS TAX REMITTANCE FORM

Business Name: _____ **Permit Number:** _____

Address: _____

Phone Number: _____ **Email:** _____

Owner Name: _____

| Tax Month/Year | Due Date | DELINQUENT IF PAID ON OR AFTER |
|---|----------------|--------------------------------|
| | | |
| 1. Gross receipts for the period: | | |
| 2. Amount of tax due (4% of line 1) | | |
| 3. Penalty of 25% on delinquent tax | 25% Penalty | |
| 4. Interest of 1% per month on delinquent tax | 1% Interest | |
| 5. Total amount due and payable | | |

Remit To: **City of Hesperia**
 Attn: Finance Department – Cannabis Tax
 9700 Seventh Avenue
 Hesperia, CA 92345

Please note, taxes are due to the city within forty-five (45) days after the conclusion of each month. Penalties and interest will be imposed on delinquent payments. See *Municipal Code Chapter 3.18*.

Please prepare a separate remittance form for each tax period; do not combine tax periods.

Signed _____ **Title** _____ **Date** _____