

LAST NAME (or BUSINESS NAME if applicable)

CULTIVATION - FRESH CANNABIS PLANT

CANNABIS RETAIL SALES

1ST PENALTY

MAILING ADDRESS

TRINITY COUNTY

Board of Supervisors

P.O. BOX 1613, WEAVERVILLE, CALIFORNIA 96093-1613 PHONE (530) 623-1217 FAX (530) 623-8365

MIDDLE INITIAL FIRST NAME

STATE ZIP

NOTICE OF APPEAL OF COMMERCIAL CANNABIS TAX

Appeals submitted using this form are being done so pursuant to Trinity County Code Section 3.26.140

Complete and submit this form to the Clerk of the Board within <u>fifteen</u> (15) business days of the serving or mailing of the determination of tax due. A copy of the tax bill being appealed and the final decision from the appeal to the Tax Collector pursuant to Trinity County Code Section 3.26.130 must be attached.

CITY

1) APPELLANT INFORMATION – PLEASE PRINT (a copy of the tax bill must be attached)

PHONE NUMBER	FAX NUMBER	El	EMAIL ADDRESS				
COMMERCIAL CANNABIS LICENSE NUMBER			PERMIT TYPE				
COMMERCIAL CANNABIS ACTIVITY SITE ADDRESS				CANNABIS ACTIVITY SITE APN			
2) ATTORNEY INI	FORMATION (if ap	plicable) – Pl	LEASE P	RINT			
NAME OF ATTORNEY			STATE BAR NUMBER				
FIRM NAME							
MAILING ADDRESS			ГΥ		STATE	ZIP	
PHONE NUMBER	FAX NUMBER	EM	IAIL ADD	RESS	ESS		
		<u> </u>					
3) TAX COLLECTO be attached)	OR APPEAL INFO	RMATION (a copy of	the tax collector's d	ecision on	appeal must	
DATE OF APPEAL TO TAX COLLECTOR			DATE OF TAX COLLECTOR DECISION ON APPEAL				
		ORIGINA AMOU		REVISED TAX AMOUNT	APPELLANT'S OPINON OF TAX AMOUNT		
CULTIVATION - CAN	NABIS FLOWER						
CULTIVATION - CAN	NABIS LEAVES						

2 ND PENALTY								
3 RD PENALTY								
INTEREST								
4) JUSTIFICATION FOR APPELLANTS OPINION OF TAX AMOUNT (justification may be provided on an attached sheet of paper if necessary)								
5) CERTIFICATION (must sign in blue ink – original signatures are required)								
I certify (or declare) under penalty of perjury under the laws of the State of California that all information provided on this form is true and correct, and all accompanying documents are either the original or are a true and correct copy of the original. I am either the Appellant and a natural person, or the Appellant is not a natural person and I am an authorized officer, member, or equivalent for the Appellant-entity.								
SIGNATURE	SIGN	NED AT (CITY, STATE)	DATE SIGNED					
PRINTED NAME	TITL	TITLE/POSITION (BUSINESS ENTITIES)						

ORIGINAL SIGNATURE REQUIRED FAXED OR EMAILED APPEAL FORMS WILL NOT BE ACCEPTED