



MONTEREY COUNTY TAX COLLECTOR
MARY A. ZEEB, TREASURER - TAX COLLECTOR
P.O. BOX 891, SALINAS, CA 93902-0891
PHONE: 831-755-5017; FAX # 831-759-6623
EMAIL: BUSINESS.TAX@CO.MONTEREY.CA.US

Date: _____
Deputy: _____
License # _____
For Internal Use Only

COMMERCIAL CANNABIS BUSINESS TAX SELF REPORT FORM

Pursuant to Monterey County Code Chapter 7.100 and the Administrative Rules and Procedures for Commercial Cannabis Business Tax promulgated by the Treasurer-Tax Collector, all persons or entities engaged in commercial cannabis activities, as defined therein, shall self-report such activities immediately by completing the Commercial Cannabis Business Tax Self Report Form. A Self Report Form is required for the current quarter, even if one was previously submitted. Completed forms should be emailed to Business.Tax@co.monterey.ca.us or by mail to: Monterey County Treasurer-Tax Collector, CCBT, PO Box 891, Salinas, CA 93902.

Date: <u>12/12/17</u>	Fiscal Year: <u>2017-2018</u>		
Entity Name: <u>OLD STAGE PARTNERS, LLC</u>	Reporting Quarter: <u>July - September</u> <u>October - December</u>		
Trade Name (DBA): _____	Telephone Number: <u>831-970-2583</u>		
Business Physical Location: <u>460 OLD STAGE RD.</u> (Number & Street)	<u>SALINAS</u> (City)	<u>CA</u> (State)	<u>93908</u> (Zip Code)
Assessor's Parcel Number for Physical Location: <u>211-221-008</u>			
Business Start Date within unincorporated Monterey County: <u>10/16/17</u>			
Business Mailing Address: <u>460 OLD STAGE RD.</u> (Number & Street)	<u>SALINAS</u> (City)	<u>CA</u> (State)	<u>93908</u> (Zip Code)

Email Address where tax statements/returns/account balances should be sent (only one email address may be designated):

curtis@greenvalleyfloral.com

Electronic Communications Disclosure: By providing Monterey County Tax Collector with an email address, you agree and consent to receive electronic communications via email, including copies of tax statements, account balances or tax returns to the address identified above. The Monterey County Tax Collector may also contact you via telephone, letter and other mediums of communication.

SECTION ONE: FOR CULTIVATORS

<input checked="" type="checkbox"/> Cultivation (Types 1A, 1B, 1C, 2A, 2B, 3A, 3B)	<input type="checkbox"/> Cultivation - Type 4 Nursery (If selected, complete Section Three)
<u>27,648</u>	Total Square Feet

SECTION TWO: ALL OTHER BUSINESS TYPES

* Select any that apply.

<input type="checkbox"/> Type 6: Manufacturer 1 - Non-volatile	<input type="checkbox"/> Type 7: Manufacturer 2 - Volatile
<input type="checkbox"/> Type 8: Testing Laboratory	<input type="checkbox"/> Type 10: Retailer
<input type="checkbox"/> Type 11: Distributor	

SECTION THREE: TYPE 4 CERTIFICATION

This section is to be completed only if Type 4 is selected above.

I certify that the entity or individual identified on this form produces only clones, immature plants, seeds, and other agricultural products used specifically for the planting, propagation, and cultivation of cannabis as defined by Monterey County Code, Chapter 7.100.040(S).

Signature of Owner/Agent	Print Name and Title	Date
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SECTION FOUR: SIGNATURE

I declare under penalty of perjury of the laws of the State of California that the information provided herein is true and correct.

<u>Curtis Lorie</u> Signature of Owner/Agent	<u>Curtis Lorie Owner</u> Print Name and Title	<u>12/12/17</u> Date
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Date: 12/12/17 Fiscal Year: 2017-2018
 Entity Name: LGS PLANT COMPANY, Inc. Reporting Quarter: July – September
 Trade Name (DBA): Telephone Number: 831-470-2583
 Parent Entity
 (if entity is a
 subsidiary):
 Business Physical Location: 460 OLD STAGE RD. SALINAS CA 93908
 (Number & Street) (City) (State) (Zip Code)
 Assessor's Parcel Number for Physical Location: 211-221-008
 Business Start Date within unincorporated Monterey County: 10/16/17
 Business Mailing Address: 460 OLD STAGE RD. SALINAS CA 93908
 (Number & Street) (City) (State) (Zip Code)

Email Address where tax statements/returns/account balances should be sent (only one email address may be designated):

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SECTION ONE: FOR CULTIVATORS

<input type="checkbox"/> Cultivation (Types 1A, 1B, 1C, 2A, 2B, 3A, 3B)	<input checked="" type="checkbox"/> Cultivation – Type 4 Nursery (If selected, complete Section Three)
Total Square Feet	6912
Total Square Feet	

SECTION TWO: ALL OTHER BUSINESS TYPES

* Select any that apply.

<input type="checkbox"/> Type 6: Manufacturer 1 – Non-volatile	<input type="checkbox"/> Type 7: Manufacturer 2 - Volatile
<input type="checkbox"/> Type 8: Testing Laboratory	<input type="checkbox"/> Type 10: Retailer
<input type="checkbox"/> Type 11: Distributor	

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This section is to be completed only if Type 4 is selected above.

I certify that the entity or individual identified on this form produces only clones, immature plants, seeds, and other agricultural products used specifically for the planting, propagation, and cultivation of cannabis as defined by Monterey County Code Chapter 7.100.040 S

Curtis Louie

Curtis Louie, Owner

12/12/17

Signature of Owner/Agent

Print Name and Title

Date

SECTION FOUR: SIGNATURE

I declare under penalty of perjury of the laws of the State of California that the information provided herein is true and correct.

Curtis Louie

Curtis Louie, Owner

12/12/17

Signature of Owner/Agent

Print Name and Title

Date