### **NOTICE OF APPEAL**

## OF MINIMUM BUSINESS TAX FOR COMMERCIAL CANNABIS CULTIVATION (MCC §§ 6.32.050(B), 6.32.150)

Complete and submit this form to the Department of Planning & Building Services ("PBS"), along with a copy of the tax bill being appealed, documentation supporting your appeal, and \$341.81.



### Mendocino County Department of Planning & Building Services 860 North Bush Street

Ukiah, CA 95482 Phone: (707) 234-6680

ADDITIONAL INSTRUC	Fax: (707) 463-5709					
1. APPELLANT INFORMATION						
LAST NAME (or BUSINESS NAME if applicable)		MIDDLE INITIAL	FIRST NAME	FIRST NAME		
MAILING ADDRESS		CITY		STATE	ZIP	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS				
	(if applicable) - PLEASE PRINT	1	_			
NAME OF ATTORNEY		STATE BAR NUMBER				
FIRM NAME						
MAILING ADDRESS	CITY	STATE ZIP		ZIP		
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS			I	
3. BASIS FOR APPEAL & BAC	KGROUND INFORMATION - PLE	EASE PRINT				
CANNABIS CULTIVATION APPLICATION (	-	PERMIT TYPE				
CULTIVATION SITE ADDRESS		ASSESSOR PARCEL NUMBER OF CULTIVATION SITE				
the basis that no cultivate provide a copy of the corollar This appeal is contesting cannabis pursuant to the Commercial cannabis of tax period being contesting.  Attached to this Notice	cultivation did not occur on th	x period. According result in the rejection to impose a minimulate parcel containing tax bill/invoice (Note	gly, failure to ion of this apum business to the cultivation e: in accordant	o check all application: ax for the cu n site, idention nce with Bu	the boxes below and litivation of commercial ified above, during the as. & Prof. Code secs.	
☐ I have attached the fol	lowing supporting evidence ( witness and provide a signed	(Identify the type an	d quantity of	materials s	ubmitted. For witness	
4. CERTIFICATION						
form are true and correct,	penalty of perjury under the and all accompanying documand a natural person, or the the Appellant-entity.	ents are either the or	riginal or a tru	e and correc	ct copy of the original.	
SIGNATURE Use Blue Pen – Original sign	nature required	SIGNED AT (CITY, STATE)		DATE SIG	GNED	
PRINTED NAME		TITLE/POSITION (BUSINESS	S ENTITIES):			
				-		

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#### INSTRUCTIONS AND ADDITIONAL INFORMATION

Use this form to contest a minimum commercial cannabis cultivation business tax being imposed pursuant to Mendocino County Code ("MCC") section 6.32.050(B) if you are the person or entity responsible for paying such tax. To use this form, the basis for your appeal must be that cultivation of cannabis did not occur on the property containing the cultivation site during the tax year specified in your appeal.

This form must be completely filled out, with the exception of the attorney information if an attorney has not been retained at the time of submittal. If a box is not applicable, print "NA" or "Not Applicable" in that box.

To file a timely and complete notice of appeal, submit the following to the Department of Planning and Building Services: (1) this form, fully completed, (2) a copy of the tax bill/invoice being appealed, (3) any and all documentation supporting your appeal, and (4) \$341.81. PBS must receive this Notice of Appeal, supporting documentation and initial appeal fee no later than 3:00 p.m. on March 16, 2020. Failure to complete and submit this form within the time provided, along with the required documentation and initial payment, may result in the rejection of your materials and/or denial of the appeal.

<u>PLEASE TAKE NOTICE</u>: All information and documents provided as part of this appeal may become publicly available. In accordance with Business and Professions Code sections 16110 *et seq.*, you may choose to redact information pertaining to gross receipts.

A non-refundable initial processing fee of \$341.81 is required for each Cannabis Business Tax Appeal form submitted. Incomplete applications submitted without the initial \$341.81 fee will not be accepted and will be returned unprocessed.

County Staff will review the appeal application and all available evidence relating to whether or not the Appellant cultivated cannabis. Based on the available evidence, the County may either administratively grant the appeal in favor of the Appellant if the Director of PBS and the Treasurer-Tax Collector both approve, or the County may submit the matter to a hearing officer to weigh the evidence in cases in which the County believes the evidence shows that cannabis had been cultivated during the tax year in question.

When the County determines to submit the matter to a hearing officer for review, a non-refundable hearing fee of \$1,194.74 will be required for each appeal. This fee is separate from and in addition to the initial processing fee. The County will provide notice to Appellant at the address provided on this form if and when the matter is ready to be submitted to a hearing officer. The Appellant has fifteen (15) days, from the date of such notice, to submit the hearing fee. If the County does not receive the hearing fee within the time provided, the County may deny the appeal.

After the County receives the hearing fee, the County will coordinate with the hearing officer to schedule a time and place for the appeal hearing. County will provide reasonable notice of the hearing to Appellant by preparing and sending a notice of hearing to Appellate at the address provided on this form.

The hearing officer will render a decision based on the evidence submitted at the hearing. The Appellant and/or the County may choose to be represented by an attorney. The decision of the hearing officer will become the final administrative determination. County will send a notice of decision to the Appellant at the address provided on this form, as well as to interested County agencies, including the Tax Collector. Any amount found to be due shall become immediately due and payable upon the service of the notice of decision.

For more information regarding the Cannabis Business Tax Appellate Process, please visit the Mendocino County website at <a href="https://www.mendocinocounty.org/cannabistaxappeal">www.mendocinocounty.org/cannabistaxappeal</a>.

# RECEIVED BY DATE RECEIVED APPEAL FEE RECEIPT # ADMINISTRATIVE DETERMINATION HEARING FEE RECEIPT # HEARING OFFICER DETERMINATION Granted Not Granted, submit to hearing officer hearing officer

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