COUNTY OF MENDOCINO CANNABIS DEPARTMENT

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MCD FEE WAIVER FORM TREASURER TAX COLLECTOR TAX & BUSINESS LIC. FEES

Please use a separate form for each Permit or CFBL number

Name:		Phone:	
Email:		AG Permit # or CFBL #:	
Eligibility #:		Business Account #	
Site APN:		Property owner:	
Site Address:			
Signature:			
Signee 个 of this waiver form must be the individual whose eligibility # is listed			
on the form.			

Forms can only be submitted when fees are due. Please use one form per tax. A copy of your Tax Statement invoice must accompany waiver. **FEE TYPE** SELECT **AMOUNT** YEAR **TRUE-UP Annual Tax** —must submit statement with this form. \$ \$ **Annual Tax** —statement must accompany this form **Quarterly Tax** —must submit quarterly filing with this form. \$ 1st Quarter—Tax remitted January 1 to March 31 \$ \$ 2nd Quarter—Tax remitted April 1 to June 30 \$ **3rd Quarter**—Tax remitted July 1 to September 30 \$ 4th Quarter—Tax remitted October 1to December 31 **Business License Renewal** \$60.00