



Please Send Tax Remittance Form & Payment to:
City of Blythe
Attn: Finance Department
235 N. Broadway, Blythe, CA 92225
Phone: (760) 922-6161 Fax: (760) 922-4938

CANNABIS BUSINESS ACTIVITY
CULTIVATION TAX REMITTANCE FORM

(For businesses operating with a City issued permit under Chapter 5.10 of the BMC)

Business Name: _____

Address: _____

Phone: _____ Fax: _____

Owner Name: _____ Email: _____

Reporting Period: _____ Due Date: _____

- The Commercial Cannabis Business Tax is imposed on every person engaged in cannabis business within the City of Blythe as defined in Chapter 5.10 of the BMC. Payment of the tax in accordance with Chapter 3.36 of the BMC does not authorize unlawful business.
- Commercial Cannabis Businesses subject to the cultivation tax is required to report and pay annually. Returns and payment are due at the end of every January for the preceding calendar year (known as the reporting year). Returns must be filed even if no tax is due.
- Cannabis Business Tax returns with any amounts due must be received by the City before 4:00 pm on the **LAST REGULAR BUSINESS DAY** of **JANUARY**. Last regular business day is defined as the last day of January in which City Hall is open to the public. If mailing your return, please allow a sufficient amount of days for the postal service to process and deliver your return. Mailed returns received after the due date that are not postmarked by the 25th of the month are considered delinquent.
- Late Returns are subject to penalties and interest as adopted by Resolution No. 2019-003 of the Blythe City Council, and as calculated in lines 4, 5, and 6 below.
- If payment is in cash use best efforts to schedule an appointment in advance for remittance.

Calculation of Remittance (if you hold multiple license - file a return for each license separately)

1.	Total Square Footage of Cultivation Area (sq ft of "canopy"):	
2.	Tax Due (multiply line 1 by \$3.00) if payment is timely STOP and proceed to line 6:	
3.	Late Payment Penalty of Tax Owed (if applicable multiply line 2 by .10):	
4.	Additional Penalty of Tax Owed if Delinquent in Excess of 30 Days (if applicable multiply line 2 by .10):	
5.	Interest (if applicable multiply line 2 by .005 for each month or fraction of a month that the tax is delinquent):	
6.	Total Amount of Tax, Penalty, and Interest Due (sum of line 2, 3, 4, and 5):	

I declare under penalty of perjury that the above return is true, correct and complete to the best of my knowledge and belief.

Authorized Signature: _____ Date: _____

Name and Title of Authorized Person: _____