

City of Lompoc
 Lompoc Municipal Code Chapter 3.50
Cannabis Retail Operations - Tax Remittance Form

Operators Name: _____
CCU License Number: _____

Month of: _____
Due Date: _____
Delinquent Date: _____

Section A: Calculate your tax due this month.

\$ _____ Non-Medical gross receipts this month	x	0.06 Tax rate (6%)	=	\$ _____ Tax due this month
110RGF-412300				

Section B: 25% Penalty if payment is not made before the delinquent date.

\$ _____ Tax due this month	x	0.25 Penalty Percentage (25%)	=	\$ _____ Penalty due this month
110RGF-430210				

Section C: Interest (accrued daily) if payment is not made before the delinquent date.

\$ _____ Interest due (Calculated by the Finance Department) 110RGF-430210
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Total Amount Due: Tax due this month plus penalty and interest (Section A + B + C = Total Amt Due)

\$ _____

I declare under penalty of perjury, the above statements are correct and true

Signature (CCU License Holder)

Date

Print Name (CCU License Holder)

Phone

Title

Email Address

Please remit to:

City of Lompoc
Treasurers Department
100 Civic Center Plaza
Lompoc, Ca 93436

TREASURERS DEPARTMENT ONLY: Please email Finance return and receipt

CASH PAYMENTS BY APPOINTMENT ONLY
Schedule appointment at (805) 875-8239 or (805) 875-8257
PAYING BY CHECK, NO APPOINTMENT NECESSARY
Must be received or postmarked by due date to avoid penalty