COUNTY OF SONOMA

Cannabis Business Tax Administrative Review Request Form

585 FISCAL DRIVE, STE 100 • SANTA ROSA, CA 95403 • PHONE (707) 565-7420 • EMAIL CannabisTax@sonomacounty.gov

Per Section 35-27 of the Sonoma County Code, you are requesting review of the amount of cannabis business tax and/or penalties and interest assessed. Please complete this form and submit it, along with any and all information pertaining to your review request, including any supporting documents and/or photographs, to the street or e-mail address listed above. This form must be submitted within 10 business days after the date of service of the notice of assessment or the tax assessed will become final and conclusive. The Tax Collector will notify you by email within 45 days of receipt of this Review Form of the determination. *Note: Any evidence submitted to the tax collector to support a case becomes part of the permanent file and subject to Public Records Act disclosure.

Name of Pe	erson / Business Reque	esting Review:		
I am the	Operator and/or	Property Owner.	E-Mail:	
Operation S	Site Address:			
Amount of	assessment requesting	g review of:		
If you'd like	to be contacted by te	lephone or physical	mail, please provide the	number /address below:
	ason(s) for Administrativ		ou believe you do not owe th	ne amount in dispute below
I declare under	r penalty of perjury that the fo	regoing is true and correct	:	
	Signature		Date	
		OFFICIAL (JSE ONLY	
Received	l By:	Date:		
Reviewe	d By:	Date:	Approved:	Denied:
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