



# County of Mono Cannabis Business Tax

## Request for Reduction in Canopy Square Footage

Business Name:	Permit No:		
Business Address:			
City:	Zip Code:		
Business Phone:			
Requested Tax Period: <b>Quarter</b> (Select Below)	Calendar Year:		
1st (Jan - Mar)	2nd (Apr - Jun)	3rd (Jul - Sep)	4th (Oct - Dec)

**Requests must be received prior to the start of the taxing Quarter. If this is a new business then the request must be received prior to the placement of the first plant. The request is an estimate only, quarterly reportings will be based on actual used square footage.**

Facility Type:	
Permitted Sq.Ft.:	Estimated Taxable Square Footage for Quarter:
Facility Type:	
Permitted Sq.Ft.:	Estimated Taxable Square Footage for Quarter:
Facility Type:	
Permitted Sq.Ft.:	Estimated Taxable Square Footage for Quarter:
Facility Type:	
Permitted Sq.Ft.:	Estimated Taxable Square Footage for Quarter:
Facility Type:	
Permitted Sq.Ft.:	Estimated Taxable Square Footage for Quarter:

### Mono County Treasurer - Tax Collector

Email to: [treasurer@mono.ca.gov](mailto:treasurer@mono.ca.gov)  
Mail to: PO Box 495 Bridgeport, CA 93517  
In Person to: 25 Bryant St. Bridgeport, CA 93517

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

Signature: \_\_\_\_\_

Print Name:

Date:

Contact Phone Number:

Tax Collector's Office use Only

Approved

Denied

\_\_\_\_\_  
Director of Finance