



COUNTY OF HUMBOLDT
PLANNING AND BUILDING DEPARTMENT
CANNABIS SERVICES DIVISION

3015 H Street • Eureka CA 95501
Phone: (707) 445-7541 • Fax: (707) 268-3792
<http://www.humboldt.gov/156>

AFFIDAVIT: PROPERTY DESIGNATION, CANNABIS TAXES, AND ALLOTMENT

By affixing my signature to this affidavit, I hereby declare that:

(1) I am the owner of record for the property recorded as:

APN: _____-_____-_____-_____

(2) I acknowledge and understand that all commercial cannabis grown on my property by me, or my agents or employees or lessees, pursuant to an approved cannabis cultivation permit from the County of Humboldt, will be subject to the Humboldt County Commercial Marijuana Cultivation Tax Ordinance (Title VII, Division 1, Chapter 9 of the Humboldt County Code); and

(3) I acknowledge and understand that the Humboldt County Treasurer-Tax Collector's Office will send me, or my agents or employees or lessees, an annual cannabis tax bill that will be due and payable according to the terms specified in the Humboldt County Commercial Marijuana Cultivation Tax Ordinance; and

(4) I acknowledge and understand that it is my responsibility and obligation to ensure that the cannabis tax liens are satisfied whether the cannabis tax bill is sent to me, or my agents or employees or lessees, and that failure to receive a cannabis tax bill in no way relieves me, the property owner, of that responsibility and obligation, nor does it give the Humboldt County Treasurer-Tax Collector reason to cancel any penalties that may be imposed.; and

(5) I acknowledge and understand that this property has been approved for the following:

- Permit Number:
- Type of Grow:
- Square Footage of Authorized Grow Area:

I declare under penalty of perjury, under laws of the State of California, that the information provided on this affidavit is true and correct and that I am the owner authorized to sign on behalf of the property listed herein.

Affiant Signature: _____

Printed Name: _____

Date: _____

For Department Use only:

Department Signature: _____ Date: _____