City of Colusa

CANNABIS QUARTERLY FEE FORM



Full Name		E-Mail	
Business Name (as st	tated on DA)		
Address			
Quarter (based o	n City of Colusa FY)		
1 (Jul/Aug	g/Sept) 2 (Oct/Nov,	//Dec) 3 (Jan/Feb/Mar) 4 (Apr/May/Jun)	
Fiscal Year			
Gross			
DA % of Gross			
of a fiscal quarte any reason, the I	er (October, January, Apı responsible party will co	re the first Monday of the month following the eroril, and July). If there is a need to push this out foontact City Manager or Finance Director via emais proval must be in written form.	r
Monthly Reports	included: Yes	No (reason)
City Use			
Payment Received by			
Date			