## ALISHA MCMURTRIE TREASURER-TAX COLLECTOR

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JOEY PETERSON ASSISTANT TREASURER-TAX COLLECTOR

MONICA TINLIN OFFICE TECHNICIAN III

LAVON SARGENT OFFICE TECHNICIAN III

## **CANNABIS TAX REGISTRATION FORM**

NAME OF BUSINESS:
OWNER(s) NAME:
OPERATOR (if different from owner):
TYPE OF OWNERSHIP:(individual, corporate, LLC, etc)
LICENSE TYPE:
SITUS ADDRESS:
MAILING ADDRESS:
TELEPHONE:
EMAIL:
CONTACT PERSON:

