

Cannabis Donation Certificate

I HEREBY CERTIFY:

I, _____ (*licensee receiving donated cannabis*), will donate the medicinal cannabis or medicinal cannabis product described below that I am receiving under this certificate from the licensee identified in paragraph (4), to medicinal cannabis patients or to a cannabis retailer for subsequent donation to medicinal cannabis patients.

1. My seller's permit account number _____

2. My cannabis distributor tax permit account number (if applicable) _____

3. My commercial cannabis license type and number _____

4. This certificate is for the donation of the medicinal cannabis described in paragraph (5) that I received from the following cannabis licensee:

Licensee Name _____

License Type and Number _____

5. Description of the medicinal cannabis or medicinal cannabis product received for donation:

Item Name _____

Unique Identifier _____

Quantity _____

6. I have read and understand the following:

I understand that if I sell or use the medicinal cannabis or medicinal cannabis product received under this certificate in any manner other than for donation, I will owe the use tax based on the purchase price of similar products, the cannabis excise tax based on the average market price of similar products, and the cultivation tax based on the weight and category of the cannabis (Revenue and Taxation Code section 6414 and 34012.1).

NAME OF LICENSEE _____

SIGNATURE OF LICENSEE, LICENSEE'S EMPLOYEE, OR AUTHORIZED REPRESENTATIVE _____

PRINTED NAME OF PERSON SIGNING _____ TITLE _____

ADDRESS OF LICENSEE _____

TELEPHONE NUMBER _____ DATE _____
