ATTACHMENT B

CITY OF STOCKTON

ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES – BUSINESS TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA 95201 • (209) 937-8313
www.stocktongov.com

REQUEST FOR REFUND

Customer/Business Name: Jon Peterson

Business Address: 3448 Lakemist Circle (Number & Street) Stockton (City) CA (State) 95219 (Zip code)

Mailing Address: SAME (Number & Street / City / State / Zip code)

Telephone: 209-483-8704 Acct./Busn No.: _____ Control: _____

Amount Paid: $ 30,000.00 Date: 05/02/11 Receipt No.: 2061

Refund Amount Requested: $ 30,000.00

Reason for Refund Request: Due to City of Stockton's ban on medical marijuana dispensaries, withdrawing all requests for operation. (See attachments)

I Certify under penalty of perjury that the information provided is true and correct.

see attached
Signature of Business/Account Owner

Date

Jon Peterson
Print Name

BELOW THIS LINE FOR OFFICE USE ONLY

Request Reviewed/Verified By: Kalena Klatt (Employee Signature) Date: 10/21/13

Amount Due to Customer/Business: $30,000.00

Batch No.: _____ Account No.: 010-0170-329.13-00
Trust Accounts – Forward to Accounting for Approval

Approved By: Eric Mitta Date: 10/25/13

Second Level Approval: _____ Date: _____
Department Head/Finance Officer Signature

Note: *Refund might be subject to a processing fee - 10% of refund total (not to exceed $25.00)*
Refunds over $500 require second level approval.

Revised 8/2011