



**City of Barstow**

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**Cannabis License – Quarterly Inspection Payment Form**

Collective/Dispensary Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Quarter	Inspection Fee
	\$550.00

Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_