



CITY OF LOS ANGELES
OFFICE OF FINANCE
200 NORTH SPRING ST. RM 101
LOS ANGELES, CA 90012

APPLICATION for BUSINESS TAX REGISTRATION CERTIFICATE

PLEASE NOTE that if you are involved with any type of SALES ACTIVITIES, either RETAIL or WHOLESale, you are REQUIRED to also fill out the Tobacco Retailer's Questionnaire / Application. Current Date

The following information is subject to disclosure **Business Type:**

Please print or type Indiv Partnership Corp LLC Trust

Legal Name:

Do not use DBA (fictitious name) here

Business Address:

Do not use P.O. Box here Street Address City State Zip Code

Location Type: Commercial Residence **Business Start Date (MM/DD/YYYY):**

Business Name (DBA):

Care Of (c/o):

Mailing Address:

If different from Business Address Street Address or P.O. Box City State Zip Code

Location Type: Commercial Residence **Business Phone Number:**

Description of Business:

¹ **Primary Business / Professional Activity Code:** **Secondary Activity Code:**

Social Security No. (SSN) -OR- Federal Employer Identification No. (FEIN):

Sales Tax Number (Seller's Permit):

Gross Receipts: (if your business began prior to the current year, please complete the gross receipts information below)

| Business Activity / Date Activity Started | Calendar Year 2004 | | Calendar Year 2005 | | Calendar Year 2006 | |
|---|--------------------|----------------------|--------------------|----------------------|--------------------|----------------------|
| | | Gross Receipts | | Gross Receipts | | Gross Receipts |
| a) <input type="text"/> | \$ | <input type="text"/> | \$ | <input type="text"/> | \$ | <input type="text"/> |
| b) <input type="text"/> | \$ | <input type="text"/> | \$ | <input type="text"/> | \$ | <input type="text"/> |
| c) <input type="text"/> | \$ | <input type="text"/> | \$ | <input type="text"/> | \$ | <input type="text"/> |

Please note: A minimum business tax may be due based on your business activity(ies) for the first year of operation.

Contact Person: Title:

Contact Phone Number: Email Address:

I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the foregoing is true, correct and complete. ⁴

Signature of Owner or Agent: **Date:**

Print name of Owner or Agent: **Daytime Phone Number:**

¹ This is the 6-digit Primary / Principal Business or Professions Activity Code reported on your Federal Tax Return. A Secondary business activity is one that comprises at least \$1,000,000 and 40% of your gross receipts. Go to www.acity.org/finance/pdf/NAICSCODES.pdf for an NAICS code listing.

² If your business is located within the City of Los Angeles and a portion of your gross revenue is derived from outside the City, or your business is located outside the City and a portion of your gross revenue is derived from inside the City, then applicable apportionment formulas may reduce your tax liability.

³ Due to the large number of various business activities described under LAMC Section 21.43 to 21.197, it is not practical to list each separately. For specific activities and rates, contact the Office of Finance or visit our website @ www.lacity.org/finance.

⁴ By completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.