



CITY OF INGLEWOOD
 ONE MANCHESTER BOULEVARD
 INGLEWOOD, CA 90301 • (310) 412-5500
 www.cityofinglewood.org

**APPLICATION FOR
 BUSINESS TAX REGISTRATION**

OFFICE USE ONLY	
Business Tax No.	_____
Total Fees Paid \$	_____
Date Paid	____ / ____ / ____
Zoning Sign-off	_____
Zoning	_____

It is the business owner's responsibility to renew the Business Tax Certificate each calendar year. All Gross Receipt taxes are delinquent if not paid by the last day of February. All Flat Rate taxes are delinquent if not paid by the last day of January.

PLEASE TYPE OR PRINT CLEARLY

Business Name/DBA _____ Business Location _____ <small>(Cannot be P. O. Box)</small> City _____ State _____ Zip _____ Mailing Address _____ City _____ State _____ Zip _____ Bus. Phone () _____ Bus. Fax () _____	<input type="checkbox"/> New Business <input type="checkbox"/> Change of Owner <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Home Occupation <i>Please Check One</i> Start Date in City ____ / ____ / ____ Web Address _____ Email Address _____
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Description of Business Activity in Detail _____

CHECK ALL APPROPRIATE BOXES

<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Commercial Rental	<input type="checkbox"/> Residential Rental
<input type="checkbox"/> New Merchandise	<input type="checkbox"/> Building Contractor	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Vending Machine	<input type="checkbox"/> Booth Rental Only
<input type="checkbox"/> Used Merchandise	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Office Only	<input type="checkbox"/> Storage/Warehousing	<input type="checkbox"/> Educational/Institutional

No. of Employees _____ **Square Feet Occupied** _____ **No. of Parking Spaces** _____

Former Use of Business Address _____

Ownership: Corporation State of Incorporation Corp-Ltd Liability Partnership Sole Proprietor Trust

State Lic. No. _____ **State Lic. Type** _____ **Expire Date** _____

Resale No. _____ **Federal ID No.** _____ **State ID No.** _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

Owner Name _____	Title _____	Soc. Sec. No. _____
Home Address _____	Phone No. () _____	Cell Phone () _____
<small>(Cannot be P.O. Box)</small>		Drivers Lic. No. _____
Owner Name _____	Title _____	Soc. Sec. No. _____
Home Address _____	Phone No. () _____	Cell Phone () _____
<small>(Cannot be P.O. Box)</small>		Drivers Lic. No. _____

In case of emergency, please contact (attach additional sheet, if necessary)

Name _____	Title _____	Phone No. () _____
Address _____		Cell Phone () _____

Alarm Company (if applicable)

Name _____	Phone No. _____
Address _____	

I hereby certify, under penalty of perjury, that the information in this application is true, correct and complete.

Date: ____ / ____ / ____ Title: _____

Signature: _____

**Return Entire Application form to above address and
 make check payable to the City of Inglewood.**

AMOUNT DUE	
Gross Receipts	\$ _____
No. of Rental Units	# _____
Amount of Tax Due	\$ _____
Penalty	\$ _____
Fire Inspection Fee	\$ _____
TOTAL DUE	\$ _____