



INGLEWOOD BUSINESS CERTIFICATION APPLICATION

Initial Application Recertification

Business Name:

Main Contact Name:

Main Contact Phone Number:

Main Contact Email Address:

Inglewood Business Address:

Check all that apply:

Home office Property Owner Lessee

Mailing Address:

Business Type (check one):

Individual/Sole Proprietor or Single-Member LLC Partnership LLC Non LLC Corporation

Owners/Shareholders % Ownership Professional license type and number if any

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Is the business at least (check all that apply)

51% minority-owned 51% woman-owned 51% LGBTQ-owned 51% veteran-owned

Federal Employer ID Number, if any:

How many years have you been in business in Inglewood under your present name and Inglewood Business License?

Indicate your gross receipts in the past three years:

- Less than \$1,000,000 \$1,000,001 to \$5,000,000 \$5,000,001 to \$10,000,000 More than \$10,000,000

Indicate whether your business paid wages to any employee in the past 12 months:

- Yes No

List the goods and/or services your business provides:

REQUIRED SUPPORTING DOCUMENTS CHECKLIST:

- Verification of Place of Business:** Provide a copy of your lease, a recent rent payment, property tax bill or deed.
- Verification of Business Type:** Provide a copy of your Partnership Agreement, Articles of Incorporation, or Articles of Organization or if none check here
- Verification of Inglewood Business License:** Provide a copy of your Inglewood Business License
- Verification of Employee Data:** Provide a copy of your most recently filed annual W-3 Transmittal or Wage and Tax statement file with the Social Security Administration. If you did not pay wages in the past 12 months, check here
- Verification of Goods and Services:** Provide a copy of invoices and/or contracts signed by you as evidence of your ability to provide the goods and services for which you are seeking Inglewood Business Certification.
- Verification of Gross Receipts:** Provide a copy of your most recently filed Federal Income Tax Return. Submit only the signature page, Schedules C, E, and/or K-1.

SIGNATURE:

The undersigned affirms that the statements made in this application are true, correct and complete.

Full name

Title

<input type="text"/>	<input type="text"/>
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Signature

Date

FOR MORE INFORMATION, CONTACT: City of Inglewood, Economic Development Division, sgarrett@cityofinglewood.org