



# CITY OF INGLEWOOD

ONE MANCHESTER BOULEVARD  
INGLEWOOD, CA 90301 – (310) 412-5500  
[www.cityofinglewood.org](http://www.cityofinglewood.org)

## COMMERCIAL RENTAL BUSINESS TAX APPLICATION

### OFFICE USE ONLY

Customer No. \_\_\_\_\_  
Activity No. \_\_\_\_\_  
Entered by \_\_\_\_\_  
Zoning \_\_\_\_\_  
Zoning Sign-off \_\_\_\_\_  
Date \_\_\_\_\_

PLEASE SEE THE ATTACHED INSTRUCTION SHEET ON THE LAST PAGE OF THIS APPLICATION PACKET FOR AN EXPLANATION OF ALL NUMBERED ITEMS.

APPLICATION DATE: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

1) OWNER'S NAME(S): \_\_\_\_\_

2) ADDRESS OF RENTAL PROPERTY: \_\_\_\_\_  
(Number) (Street) (Suite)

CITY: INGLEWOOD STATE: CALIFORNIA ZIP CODE: \_\_\_\_\_

3) MAILING ADDRESS: \_\_\_\_\_  
(Number) (Street) (Suite)

MAIL CITY: \_\_\_\_\_ MAIL STATE: \_\_\_\_\_ MAIL ZIP CODE: \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

4) ASSESSOR'S IDENTIFICATION NUMBER (AIN): \_\_\_\_\_ 5) PARCEL OWNERSHIP DATE: \_\_\_\_\_

6) TOTAL BUILDING SQUARE FEET: \_\_\_\_\_ 7) NUMBER OF INDIVIDUAL SUITES: \_\_\_\_\_ 8) NUMBER OF PARKING SPACES: \_\_\_\_\_

9) TYPE OF OWNERSHIP:  CORP  LLC  PARTNERSHIP  SOLE OWNER  TRUST  OTHER: \_\_\_\_\_

FEDERAL TAX ID NUMBER: \_\_\_\_\_ 10) ALARM?: YES  NO   
(IF CORPORATION, LIMITED LIABILITY CORP OR TRUST)

### **11) Owners, Partners or Corporate Officers: (attach additional sheet if needed)**

OWNER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DRIVERS LIC. NO. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Number) (Street) (Unit) PHONE NO. ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DRIVERS LIC. NO. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Number) (Street) (Unit) PHONE NO. ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### **TAX CALCULATION**

12) GROSS RECEIPTS: (Please see the instruction sheet on the last page of this application) \_\_\_\_\_

12) GROSS RECEIPTS: \_\_\_\_\_

13) AMOUNT OF TAX DUE (\$1.10 per \$1000 or fraction thereof with a \$22.00 minimum) \_\_\_\_\_

13) AMOUNT OF TAX DUE: \_\_\_\_\_

14) PAST DUE TAX (This will be calculated from the parcel ownership date) \_\_\_\_\_

14) PAST DUE TAX: \_\_\_\_\_

15) PENALTY (Please see the instruction sheet on the last page of this application) \_\_\_\_\_

15) PENALTY: \_\_\_\_\_

16) STATE DISABILITY ACCESS FUND (See instruction sheet for more info) \_\_\_\_\_

16) SENATE BILL 1186 FEE: \$4.00

17) TOTAL DUE (Please add up lines 13 thru 16 and place in the total due section) \_\_\_\_\_

17) TOTAL DUE: \_\_\_\_\_

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION IN THIS APPLICATION

APPLICANT'S PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

(1) Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx).
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION** - (You must write N/A for each that do not apply)

**PROPERTY MANAGER / MANAGEMENT FIRM**

NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number) (Street) (Suite)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**BUILDING MAINTENANCE SERVICE PROVIDER**

NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number) (Street) (Suite)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**BUILDING SECURITY SERVICE PROVIDER**

NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number) (Street) (Suite)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**LANDSCAPING / GARDENING SERVICE PROVIDER**

NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number) (Street) (Suite)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**VENDING MACHINE OPERATOR**

NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number) (Street) (Suite)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**TENANT INFORMATION - PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED – ALL TENANTS MUST BE INCLUDED**

**TENANT 1**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

**TENANT 2**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

**TENANT 3**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

**TENANT 4**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

**TENANT 5**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

**TENANT 6**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

**TENANT 7**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

**TENANT 8**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

**TENANT 9**

UNIT/SUITE NUMBER: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
(Number) (Street)

## **INSTRUCTIONS FOR COMPLETING NEW COMMERCIAL RENTAL APPLICATION**

- 1) The property owner name(s) should be written exactly as it is written on the property title that is registered with the Los Angeles County Assessor's office.
- 2) Enter the address of the rental property exactly as it appears on the parcel address on file with the Los Angeles County Assessor's office.
- 3) This is the mailing address that you would like all notices sent. Please note that it is your responsibility to update the mail address directly with the business tax section. It is also your responsibility to notify our office if you do not receive your annual renewal.
- 4) Enter the Assessor's Identification Number (AIN) exactly as it is filed with the Los Angeles County Assessor's office. Please note that separate parcel numbers will mean that you will need separate commercial rental business tax applications.
- 5) This is the date that the grant deed was recorded with the Los Angeles County Assessor's office and is the date that you legally became owner of the subject property.
- 6) The building square feet must match the number of square feet on file with the Los Angeles County Assessor's office.
- 7) This is the number of individual suites that are available for leasing purposes.
- 8) This should include all available parking spaces for the subject property.
- 9) The type of ownership refers to how the ownership of the subject property is legally recognized. Please pick one of the following:

Sole ownership: The property is owned by only one individual.

Partnership: The property is owned by more than one owner. Please note that any change to the individuals that own this property will require a new business tax application.

Corporation: The Corporation should be reflected in the county records and "Inc." will be part of the name on the title.

Limited liability: The Limited Liability Company should be reflected in the county records and "L.L.C." will be part of the name on the title.

Trust: The trust should be reflected in the county records and "trust" will be part of the name on the title.

Other: This can include estates, limited partnerships and limited liability partnerships but in any case should be reflected in the county records.

Please note that the ownership should be reflected on the property title that is registered with the Los Angeles County Assessor's office.

- 10) If the subject property has an alarm system, then an Inglewood Alarm System Permit will be needed.
- 11) For sole ownership and partnership all owners must be listed on the application. For corporations and limited liability companies at least two corporate officers must be listed on the application. For an estate or trust an executor must be listed on the application.
- 12) Gross receipts equals the total compensation received from all tenants from the parcel ownership date until the end of the year. Please note that this gross receipt figure will be estimated and should include all compensation including rent and monthly upkeep charges. At the end of the year you will need to provide proof of your actual gross receipts and an adjustment will be made if it is needed. After the first full year of operation, you will no longer provide an estimated gross receipt but will rather use your actual previous year gross receipts for your tax calculation. You must provide a gross receipt figure for this section in order to receive a business tax certificate.
- 13) The tax rate is a \$1.10 per \$1000 or fraction thereof with a \$22.00 minimum. The "fraction thereof" basically means that you will round up your gross receipt figure to the nearest thousand and use this in your calculation. All gross receipts that are below \$20,000 will pay the \$22.00 minimum only.
- 14) The City will calculate any past due taxes that will be calculated from the parcel ownership date if you did not register on time.
- 15) All persons that conduct the business of operating a commercial rental within the City of Inglewood without registering and paying the appropriate taxes within 30 days of the parcel ownership date will be required to pay a 20% penalty. Any business that was issued a Notice of Violation for not registering and paying the appropriate taxes will start at a 20% penalty and will go up by 10% percent per month for a maximum penalty of 50% of the taxes due.
- 16) On September 19, 2012 Governor Brown signed into law SB-1186 which imposes a State fee of \$4.00 on every applicant for a local business license or renewal. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified. This law requires the \$4.00 State fee to be collected by all cities and counties within California.
- 17) Please add up the taxes and fees from lines 13 thru 16 and place the total amount due on this line. This should be paid in person as the City of Inglewood does not accept new applications via mail.

Be sure to sign and date this form. This application can only be submitted in person as a zoning sign-off is required from the Planning and Zoning Department. The Inglewood City Hall can be found at the following address:

**CITY OF INGLEWOOD  
BUSINESS TAX SECTION  
ONE MANCHESTER BLVD, 1<sup>ST</sup> FLOOR  
INGLEWOOD, CA 90301**

Phone Number: (310) 412-5500

Website: [www.cityofinglewood.org](http://www.cityofinglewood.org)

Hours of Operation: Monday – Thursday 7:30 a.m. – 5:30 p.m.

### **IMPORTANT INFORMATION:**

- You are required to file and pay the annual business tax renewal on or before the last day of February each and every year.
- It is your responsibility to notify our office if you do not receive the annual renewal.
- Once you have sold your commercial property, it is also your responsibility to notify our office in writing to close your account.