



# CITY OF INGLEWOOD

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

## APPLICATION FOR BUSINESS TAX REGISTRATION

### OFFICE USE ONLY

Customer No. \_\_\_\_\_  
Activity No. \_\_\_\_\_  
Zoning \_\_\_\_\_  
Zoning Sign-off \_\_\_\_\_

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 \_\_\_\_\_  
*(Cannot be P. O. Box )*  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
For Service of Process \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bus. Phone ( ) \_\_\_\_\_ Bus. Fax ( ) \_\_\_\_\_

New Business  
 Change of Owner  
*Please*  Change of Address  
*Check One*  Change of Bus. Name  
 Home Occupation

Start Date in City \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Web Address \_\_\_\_\_  
Email Address \_\_\_\_\_

### Enter Parcel Owner Information (attach additional sheet, if necessary)

Parcel Owner Name \_\_\_\_\_ Parcel No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_

Description of Business Activity in Detail \_\_\_\_\_  
\_\_\_\_\_

### CHECK ALL APPROPRIATE BOXES

- Retail Sales       Wholesale       Professional Services       Government Agencies       Non-Profit Organization  
 New Merchandise       Building Contractor       Restaurant       Vending Machine       Booth Rental Only  
 Used Merchandise       Manufacturing       Office Only       Storage/Warehousing       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  
Resale No. \_\_\_\_\_ Federal ID No. \_\_\_\_\_ State ID No. \_\_\_\_\_  
State Lic. No. \_\_\_\_\_ State Lic. Type \_\_\_\_\_ Date Expires \_\_\_\_\_

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

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ CDL or Other ID# \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
*(Cannot be P. O. Box )* \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ CDL or Other ID# \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
*(Cannot be P. O. Box )* \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_

### Alarm Company (if applicable)

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

I hereby certify, under penalty of perjury, under the laws of the State of California, 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.

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).

### AMOUNT DUE

Gross Receipts	\$
No. of Rentals Units	#
Amount of Tax Due	\$
Penalty %	\$
Fire Inspection Fee	\$
State Disability Access Fund <sup>1</sup>	\$4.00
<b>TOTAL DUE</b>	<b>\$</b>