



CITY OF INGLEWOOD

ONE MANCHESTER BOULEVARD
INGLEWOOD, CA 90301 - (310) 412-5500

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 _____

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 _____

Description of Business Activity in Detail _____

CHECK ALL APPROPRIATE BOXES

Retail Sales Wholesale Professional Services Commercial Rental Residential Rental

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

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. () _____
(Cannot be P. O. Box) Cell Phone () _____

Drivers Lic. No. _____

Owner Name _____ Title _____ Soc. Sec. No. _____

Home Address _____ Phone No. () _____
(Cannot be P. O. Box) Cell Phone () _____

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 Rentals Units	#
Amount of Tax Due	\$
Penalty	\$
Fire Inspection Fee	\$
State Disability Access Fund ¹	\$4.00
TOTAL DUE	\$

(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.
- The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at www.cdda.ca.gov.