



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 for Service of Process _____
City _____ State _____ Zip _____
Bus. Phone () _____ Bus. Fax () _____

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

Start Date in City _____ / _____ / _____
Web Address _____
Email Address _____

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"/> Government Agencies | <input type="checkbox"/> Non-Profit Organization |
| <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
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. () _____	Cell Phone () _____
<small>(Cannot be P. O. Box)</small>	Email Address _____	
Owner Name _____	Title _____	CDL or Other ID# _____
Home Address _____	Phone No. () _____	Cell Phone () _____
<small>(Cannot be P. O. Box)</small>	Email Address _____	

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, 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.**

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.