



# 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 \_\_\_\_\_  
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 <sup>1</sup>	\$1.00
<b>TOTAL DUE</b>	<b>\$</b>

(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).