



CITY OF CARSON • REVENUE DIVISION

701 E. Carson Street, Carson, CA 90745

Phone: (310) 952-1748 • Fax: (310) 830-8023

Email: revenue@carson.ca.us • Website: ci.carson.ca.us

BL# _____

BUSINESS TAX/PERMIT APPLICATION

Please print legibly in black or blue ink only.

Ownership Corporation LLC / LLP Partnership Sole Ownership Trust

Business Name _____

DBA _____

Business Address _____
(not PO Box) Street Address _____ City, State and Zip Code _____

Mailing Address _____
Street Address _____ City, State and Zip Code _____

Business Phone No. _____ Fax No. _____

Start Date in Carson _____ Email _____

Business Description _____

Fed ID No. _____ Seller's Permit No. _____ State ID No. _____

State License Contractor Child Care Cosmetology Massage Real Estate Other _____

State License No. _____ Expiration Date _____

BUSINESS OWNER / CORPORATE OFFICER INFORMATION – USE ADDITIONAL SHEETS AS NECESSARY

(1) Owner/Officer Name _____ Title _____

Social Security No. _____ Driver Lic./ID No. _____ Date of Birth _____

Home Address _____

Phone No. _____ Email _____

(2) Owner/Officer Name _____ Title _____

Social Security No. _____ Driver Lic./ID No. _____ Date of Birth _____

Home Address _____

Phone No. _____ Email _____

THIS SECTION MUST BE COMPLETED IF YOUR BUSINESS IS LOCATED WITHIN THE CITY

All businesses require approval from the Planning Division and other agencies, as applicable per the Carson Municipal Code. Failure to obtain approval will delay issuance of your tax certificate. It is recommended to get Planning approval prior to opening your business.

No. of Employees _____ No. of Rental Units _____ No. of Vehicles (Submit list with year, make and lic. no. of each vehicle.) _____

No. of vending/amusement machines (Submit list with type of machine, serial no., and location of each machine.) _____

Does this location have an alarm system? Yes If yes, complete and submit alarm permit application with this application. No

Payment of business taxes/fees or the issuance of a business tax certificate in no way releases the applicant from compliance with any provision of federal, state, county statutes, ordinances, regulations or other laws, including and without limitation to zoning, building, fire, health and safety laws. It is the responsibility of the tax payer to ensure timely annual renewal tax payments. **Business licenses are not transferable.**

I declare under penalty of perjury under California law that the information above is to the best of my knowledge true and correct. As a condition for the issuance of the license, I agree to submit any additional required information to conduct this business.

Signature of Owner or Representative _____ Date _____

CASp Fee - 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: Division of the State Architect at www.dgs.ca.gov/dsa, Department of Rehabilitation at www.dor.ca.gov, and California Commission of Disability Access at www.cdda.ca.gov.

OFFICE USE ONLY								
Tax Year	Class Code	CASp	App/Proc	Tax	Penalty	Permit/Alarm	Penalty	Total
TOTALS:								