



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.