



BUSINESS TAX APPLICATION

PLEASE NOTE that if you are involved with any type of SALES ACTIVITIES, either RETAIL or WHOLESALE, you are REQUIRED to also fill out the Tobacco Retailer's Questionnaire/Application

The following information is subject to disclosure.

FOR OFFICE USE ONLY. FUND/CLASS _____ FUND/CLASS _____

Business Type (check one): Individual Partnership Corporation LLC Trust

Please print or type:

Legal Name: _____

Do not use DBA (fictitious name) here

Business Address: _____

Do not use P. O. Box here _____ Street Address _____ City _____ State _____ Zip Code _____

Please check appropriate box Commercial Location Residence

Business Name (DBA): _____

Care Of (C/O): _____

Mailing Address: _____

If different from Business Address _____ Street Address or P.O. Box _____ City _____ State _____ Zip Code _____

Please check appropriate box Commercial Location Residence

Starting Date of Business: Month _____ Day _____ Year _____

Social Security No. (SSN) - OR - Federal Employer Identification No. (FEIN): _____

Sales Tax Number (Seller's Permit): _____

Description of Business: _____

(Provide in Detail)

Web Address (optional): _____ ¹Primary Business/Professional Activity Code: _____

Business Phone Number: _____ Secondary Business/Professional Activity Code: _____

Gross Receipts²: (if your business began prior to the current year, please complete the gross receipts information below)

Activity:	2009	2010	2011	2012	2013	2014	2015	2016
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Please Note: A minimum business tax may be due based on your business activity(ies) for the first year of operation.

Contact Person: _____ **Title:** _____

Contact Phone Number: _____

I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete.⁴

Signature of Owner or Agent _____ Date _____

Print name of Owner or Agent _____

Daytime Telephone Number _____ Email Address _____

¹ This is the 6-digit Primary / Principal Business or Profession Activity Code reported on your Federal Tax Return. A Secondary business activity is one that comprises at least \$1,000,000 and 40% of your gross receipts. Go to <http://finance.lacity.org/form/NAICSCODES.pdf> for a NAICS code listing.

² If your business is located within the City of Los Angeles and a portion of your gross revenue is derived from outside the City, or your business is located outside the City and a portion of your gross revenue is derived from inside the City, then applicable apportionment formulas may reduce your tax liability.

³ Due to the large number of various business activities described under LAMC Section 21.53 to 21.197, it is not practical to list each separately. For specific activities and rates, contact the Office of Finance or visit our website @ www.lacity.org/finance.

⁴ By completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.