



FORMS/PAYMENT DUE BY:

Prior to Conducting Business

**Licensing & Cashiering
310-349-2935 office
310-978-9858 fax**

Business Tax Certificate / Permit Requirements:

- I. Required documents (if possessed). **Note: Failure to provide supplemental documents will result in non-issuance of permit and is a violation of Hawthorne Municipal Code 5.06.020.**
- II.
 - i. Completed Application packet (attached)
 - ii. Copy of original signed lease agreement
 - iii. Current "Statement of Information" filed with/endorsed by the Secretary of
 - iv. Copy of Fictitious Name / D.B.A. ("Doing Business As")
 - v. Seller's permit (Not required for all businesses)
 - vi. Other: **Additional documents May Be required upon application review.**
- III. **Submit application to the Department of Licensing & Cashiering for review & calculations**
 - I. Minimum Fees for in-city commercial location: \$56.00 Application processing fee, \$223.00 Commercial use location fee, \$4.00 annual State mandated fee (SB1186), and annual pre-paid business tax (This fee varies depending on type of business. Please contact office for calculations.)
 - II. Minimum Fees for **in-city residential** business: \$56.00 Application processing fee, \$200.00 residential (home based) location fee, \$4.00 annual State mandated fee (SB1186), and annual pre-paid business tax (This fee varies depending on type of business. Please contact office for calculations.)
 - III. Minimum Fees for out-of-city (or in-city commercial/residential property owners) businesses: \$56.00 Application processing fee, \$4.00 annual State mandated fee (SB1186), and annual pre-paid business tax (This fee varies depending on type of business. Please contact office for calculations.)
- IV. **All business license tax certificates / permits expire on December 31st, annually. Renewals are due no later than January 31st or penalties apply.**
- V. The Licensing department must be notified, in writing, if any of the following occur; business moves locations, change of address, change of ownership, merger, transfer, change in entity, or ceases. Additional requirements/filings may apply.

NOTE: Only owner(s)/corporate officers/trustees may be listed/sign forms, per Secretary of State OR Declaration of Trust filing.



APPLICATION FOR
 BUSINESS TAX CERTIFICATE / PERMIT
CITY OF HAWTHORNE
 4455 w. 126th St., Hawthorne CA 90250
 (310) 349-2935
 BUSLIC@CITYOFHAWTHORNE.ORG

ACCOUNT # _____
 IN-CITY OUT-OF CITY
 (ABOVE FOR OFFICE USE ONLY)

BUSINESS STARTING DATE	DESCRIPTION OF BUSINESS FOR TAX CERTIFICATE		
BUSINESS NAME (DBA)			BUSINESS PHONE #
ENTITY NAME			NUMBER OF 1099 EMPLOYEES
BUSINESS ADDRESS	UNIT / SUITE #	CITY	STATE ZIP
MAILING ADDRESS (If different from the Service of Process Address / Business Address)	CITY		STATE
ZIP CODE			
BUSINESS EMAIL			** HAVE YOU ATTENDED THIS YEAR'S CITY OF HAWTHORNE BUSINESS EXPO? YES ___ NO ___
STATE LICENSE # & CLASSIFICATION(S)	SECRETARY OF STATE FILE #	STATE EMPLOYER ID #	
SELLERS PERMIT #	FEDERAL TAX ID#	TOBACO SELLERS PERMIT#	

** NOT PUBLIC FOR INFORMATION **			
NAME OF OWNER / OFFICER	BUSINESS TITLE	** DIRECT CONTACT # **	** EMAIL ADDRESS **
OWNER'S / OFFICER'S ADDRESS	UNIT / SUITE #	CITY	STATE ZIP
** DATE OF BIRTH **	** SOCIAL SECURITY # **	** DRIVER'S LICENSE OR I.D. #	** ITIN # (DOCUMENTS REQUIRED) **
NAME OF PARTNER / OFFICER	BUSINESS TITLE	** DIRECT CONTACT # **	** EMAIL ADDRESS **
PARTNER'S / OFFICER'S ADDRESS	UNIT / SUITE #	CITY	STATE ZIP
** DATE OF BIRTH **	** SOCIAL SECURITY # **	** DRIVER'S LICENSE OR I.D. #	** ITIN # (DOCUMENTS REQUIRED) **
** LOCAL CONTACT NAME & PHONE# IN CASE OF EMERGENCY **		** BUSINESS E-MAIL **	

THIS APPLICATION IS FOR: <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> CHANGE OF OWNERSHIP <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> AMMEND BUSINESS	TYPE OF ENTITY <input type="checkbox"/> SINGLE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LP
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ESTIMATED GROSS RECEIPTS \$ _____	ESTIMATED OPERATING COST \$ _____
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I declare under penalty of perjury that the information I have provided is true and correct. I further understand that false information will be grounds for denial of a tax certificate / permit, and that all applications are subject to approval.

OWNER / OFFICER SIGNATURE	BUSINESS TITLE	DATE
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FOR CITY USE ONLY	ASSESSOR'S PARCEL #
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TAX OR PERMIT FEE \$ _____	RECEIVED BY	RECEIVED DATE
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**** Additional documents may be required.**
**** All business license tax certificates/permits expire on December 31st annually. Renewals are due no later than January 31st annually, or penalties will apply.**
**** Must notify the Licensing Dept., in writing, if any of the following occur: business moves locations, change of address, change of ownership, merger, transfer, change in Entity or ceases/closes. Additional requirements/filings/fees may apply.**

Chapter 5.48 GROSS RECEIPTS FOR LICENSES

5.48.010 Fee schedule.

Every person, firm or corporation, whether or not having an established place of business within the city, commencing or conducting any business within said city, not otherwise specifically mentioned in this code, shall pay an annual license fee based upon the gross receipts of such business or profession according to the following schedule:

Gross Receipts Per Annum	Fee Per Annum
Less than \$25,000	\$75.00
\$25,000 and less than \$50,000	\$90.00
\$50,000 and less than \$75,000	\$105.00
\$75,000 and less than \$100,000	\$120.00
\$100,000	\$120.00 for the first \$100,000.00 plus \$100.00 for each \$100,000.00 or fraction thereof, thereafter, to a maximum license fee of \$500,000.00

(Ord. 1591 § 2, 1995.)