



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 **		** NOT PUBLIC FOR INFORMATION **		** 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# INCASE 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.**



CITY OF HAWTHORNE
4455 W. 126th Street • Hawthorne, CA 90250-4482

**CONDITIONS REQUIRED
TO CONDUCT A HOME OCCUPATION**

1. The home occupation shall be clearly incidental and secondary to the use of the structure for dwelling purposes and shall not alter the residential character of the premises.
2. All operations shall be carried on within the dwelling, with not more than twenty (20) percent of the ground floor area of the dwelling to be used, including any area used for storage.
3. No motors other than electrically driven motors shall be used in connection with the home occupation, and that the total horsepower of such motors shall not exceed two horsepower, or one-half horsepower for any single motor.
4. No signs, advertising devices, merchandise or articles shall be displayed for advertising purposes.
5. The home occupation shall not generate an increase in vehicular or pedestrian traffic to the residence other than what would normally be associated with a residence.
6. No customers may come to the home occupation residence. All in-person contact must take place at an off-site location such as the customer's residence or place of business. The only exception will be a student arriving to a home occupation residence for the sole purpose of one-on-one music or arts instruction or academic tutoring. Music and arts instruction will be allowed only between the hours of nine a.m. to eight p.m. daily. Academic tutoring will be allowed only between the hours of nine a.m. to ten p.m. daily
7. No home occupation shall by reason of noise, odor, dust, vibration, fumes, electrical interference or other causes, disturb or have the potential to disturb the peace health, safety, or welfare of neighboring residents or property owners.
8. No home occupation in a rented or leased residential unit shall occur without the written authorization of the property owner or apartment manager.
9. There shall be no use of utilities for home occupations beyond what is normally associated with residential purposes.

REVOCACTION OF PERMIT: The Director of Planning may, at any time, revoke a home occupation permit for noncompliance or for any violation of the conditions set forth in granting such approval. A written notice of intention to revoke shall be mailed to the applicant not less than ten days before the revocation. The applicant may appeal the decision to revoke the home occupation permit to the Planning Commission pursuant to the procedures set forth in Section 17.72.060 of the Hawthorne Municipal Code.

I, the undersigned, acknowledge that I have read and understand the above stated conditions for a home occupation permit and certify that I agree to operate the home occupation business in compliance with these conditions.

Signature of Applicant

Date



CITY OF HAWTHORNE
4455 W. 126th Street • Hawthorne, CA 90250-4482

CONTACT NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ **CONTACT NUMBER:** _____

PLEASE ANSWER THE FOLLOWING (any questions left blank will automatically result in denial of your application):

What type of business will you be conducting? _____

In which area of your residence will the home occupation business be conducted _____ How many square feet is this area? _____

Will you have any employees? Yes _____ No _____ If yes, please specify:
residing in the residence _____ # of 1099's employees (inside/outside the home) _____

What equipment and/or tools will be used? _____

Where in the home will the equipment and/or products be stored? _____

Will trucks, trailers, or other equipment be used in your business? Yes _____ No _____ if yes,

What is the vehicle type? _____

Does the vehicle exceed three-fourths ton capacity? Yes _____ No _____

Address of storage location when not in use _____

What are the approximate hours of operation?
Mon. to Fri. _____ Sat. and Sun. _____.

Will you have an alarm system in your home? Yes _____ No _____

How many clients do you expect will visit your residence? (Music, Arts & Academic Tutoring

Businesses only) Mon to Fri _____ Sat _____ Sun _____

Will this be a cottage food business? If Yes, do you have any (State/County) Certificates/Permits?
_____.



CITY OF HAWTHORNE
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**HOME OCCUPATION PERMIT APPLICATION
PROPERTY OWNER'S
AUTHORIZATION FORM**

TO BE COMPLETED BY THE APPLICANT ONLY:

Name: _____

Address: _____ Telephone _____

Exact Name of Proposed Business/Home Occupation _____

TO BE COMPLETED BY INDIVIDUAL PROPERTY OWNERS ONLY:

Property Owner (Please Print) _____

Property Management (Please Print) _____

Mailing Address _____

Telephone _____

I/we, the owners of the aforementioned property hereby authorize our tenant(s) to conduct their proposed home occupation. I/we understand that the operation of a Home Occupation is governed by the requirements contained in Section 17.72 of the Hawthorne Municipal Code and that the Home Occupation / Business Tax Certificate can be revoked at any time if the applicant fails to meet the conditions of approval.

Signature(s) Date

Property Manager/Management (print) Date

Property Manager / Management Signature Date
(Must have authorization from property owner to sign on his/her behalf.)

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.)