



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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