

City of Los Angeles
Office of Finance
200 N. Spring St. Rm 101
Los Angeles, Ca. 90012

Email application to:
finance.customerservice@lacity.org



BUSINESS TAX APPLICATION

The following information is subject to disclosure

Business Type (Check Individual Corporation Partnership LLC Trust One):

Please print or type

Legal Name: _____

Do not use DBA here

Business Address: _____ City: _____ State: _____ Zip: _____

Do Not Use P.O. Box

Check Appropriate box Commercial Location Residence

Fictitious Business Name (DBA): _____

Care of (C/O): _____

Mailing Address : _____ City: _____ State: _____ Zip: _____

Check Appropriate box Commercial Location Residence

Starting Date of business in the City of Los Angeles: Date: _____

Do you sell tobacco products? Yes No If yes, you must fill out a Tobacco Retailer's Permit Application

Social Security number (SSN) – OR – Federal Employer Identification number (FEIN): _____

Sales Tax Number (Seller's Permit): _____

Description of Business : _____

Email Address: _____ **Business Phone:** _____

Gross Receipts: (If your business began prior to this year, Please complete the information below)

Year	2017	2018	2019	2020	2021	2022	2023	2024
Activity								
Classification								
Classification								

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

Signature of owner or agent: _____ Date: _____

Print your name: _____ Phone Number: _____

Title: _____ Email: _____

For more information, Visit our website: Finance.lacity.gov