



BUSINESS TAX APPLICATION – RMS

Existing Business Tax Registration Number: _____ RMS Reference Number: _____

The following information is subject to disclosure

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

Please print or type

Legal Name: _____

(Do not use DBA here)

Starting Date of business in the City of Los Angeles (MO/DAY/YEAR): _____

Ending Date of business in the City of Los Angeles (MO/DAY/YEAR): _____

Business Address: _____

(Do not use P.O. Box here)

City: _____ State: _____ Zip: _____

Is this a residential address? YES NO (Check One)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is this a residential address? YES NO (Check One)

Care of (C/O): _____

Doing Business As (DBA): _____

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: _____

Business Contact Person: _____ **Title:** _____

Email Address: _____ **Phone Number:** _____

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

Calendar Year:	2018	2019	2020	2021	2022	2023	2024	2025
Gross receipts:								

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

I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IN THIS FORM IS TRUE, CORRECT AND COMPLETE.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

EMAIL _____ PHONE NUMBER _____

PLEASE RETURN SIGNED FORM TO: FINANCE.RMS@LACITY.ORG OR

MAIL TO: OFFICE OF FINANCE, ENFORCEMENT DIVISION – RMS UNIT P.O. BOX 53234 LOS ANGELES, CA 90053-0234

FOR FURTHER INFORMATION, PLEASE VISIT OUR WEBSITE: <https://finance.lacity.gov>