



**APPLICATION
FOR BUSINESS TAX CERTIFICATE / PERMIT
DEPOSIT ONLY SUBJECT TO APPROVAL**

CITY OF HAWTHORNE
4455 W. 126TH ST., HAWTHORNE, CA. 90250
TELEPHONE: (310) 349-2935

ACCOUNT NO.		APPLICATION NO.	
STATE SALES TAX NO.		TAX CERTIFICATE NO.	
CODES			
BUSINESS	TYPE	CLERK	

CERTIFICATE OF OCCUPANCY NEEDED?

YES NO

ESTIMATED STARTING DATE:

BUSINESS NAME (DBA)

TELEPHONE NO.

BUSINESS ADDRESS

EMERGENCY PHONE NO.

BUSINESS MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

TYPE OF BUSINESS FOR TAX CERTIFICATE / PERMIT

APPLICANT'S NAME AND TITLE

HOME PHONE NO.

APPLICANT'S ADDRESS

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR	DATE OF BIRTH	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.

PARTNERS, OR IF CORPORATION, NAME OF OFFICERS (AND TITLE)

NAME AND ADDRESS

HOME PHONE NO.

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR	DATE OF BIRTH	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.

NAME AND ADDRESS

HOME PHONE NO.

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR	DATE OF BIRTH	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.

THIS APPLICATION IS FOR →

NEW BUSINESS CHANGE OF OWNERSHIP CHANGE OF ADDRESS

TYPE OR ORGANIZATION

SINGLE OWNERSHIP PARTNER CORPORATION

NOTICE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization.

REFERENCES AS TO CHARACTER, RESPONSIBILITY, AND REPUTATION (BANK REFERENCES MAY BE USED)

NAME AND ADDRESS

TELEPHONE NO.

NAME AND ADDRESS

TELEPHONE NO.

PRIOR USE OF PREMISE WAS

ZONING

PROPERTY OWNER'S NAME

I hereby certify under penalty of perjury that the foregoing information is true and correct. I understand that this is merely an application for tax certificate/permit and I will pay all necessary fees prior to issuance of a tax certificate/permit in accordance with all applicable ordinances and to comply with all federal, state and local laws, statutes and ordinances. I further understand that false information will be grounds for denial of a tax certificate/permit.

\$

ESTIMATED GROSS RECEIPTS

APPLICANT'S SIGNATURE

DATE

BELOW FOR OFFICE USE ONLY

TAX OR PERMIT FEE

CASH

CHECK

REC. NO.

\$

APPLICATION TAKEN BY

DATE TAKEN

DEPARTMENT APPROVAL

DATE