



APPLICATION FOR  
 BUSINESS TAX CERTIFICATE / PERMIT  
**CITY OF HAWTHORNE**  
 4455 w. 126<sup>th</sup> St., Hawthorne CA 90250  
 (310) 349-2935

ACCOUNT # \_\_\_\_\_  
 IN-CITY     OUT-OF CITY  
 (ABOVE FOR OFFICE USE ONLY)

BUSINESS STARTING DATE	DESCRIPTION OF BUSINESS FOR TAX CERTIFICATE	NUMBER OF 1099 EMPLOYEES
BUSINESS NAME (DBA)	BUSINESS PHONE #	
ENTITY NAME	ENTITY PHONE #	
BUSINESS ADDRESS	UNIT / SUITE #    CITY	STATE    ZIP
MAILING ADDRESS (if different from the Service of Process Address / Business Address)		CITY    STATE    ZIP CODE
BUSINESS OWNER / OFFICER NAME		BUSINESS EMAIL
CONTRACTOR STATE LICENSE # & CLASSIFICATION(S)	SECRETARY OF STATE FILE #	FEDERAL TAX ID #
SELLERS PERMIT #	TOBACCO SELLERS PERMIT #	STATE EMPLOYER ID #

<b>** NOT PUBLIC FOR INFORMATION **</b>			
<b>** NOT PUBLIC FOR INFORMATION **</b>		<b>** NOT PUBLIC FOR INFORMATION **</b>	
NAME OF OWNER / OFFICER	BUSINESS TITLE	<b>** DIRECT CONTACT # **</b>	<b>** EMAIL ADDRESS **</b>
OWNER'S / OFFICER'S ADDRESS	UNIT / SUITE #	CITY	STATE    ZIP
<b>** DATE OF BIRTH **</b>	<b>** SOCIAL SECURITY # **</b>	<b>** DRIVER'S LICENSE OR I.D. #</b>	<b>** ITIN # (DOCUMENTS REQUIRED) **</b>
NAME OF PARTNER / OFFICER	BUSINESS TITLE	<b>** DIRECT CONTACT # **</b>	<b>** EMAIL ADDRESS **</b>
PARTNER'S / OFFICER'S ADDRESS	UNIT / SUITE #	CITY	STATE    ZIP
<b>** DATE OF BIRTH **</b>	<b>** SOCIAL SECURITY # **</b>	<b>** DRIVER'S LICENSE OR I.D. #</b>	<b>** ITIN # (DOCUMENTS REQUIRED) **</b>
NAME OF PARTNER / OFFICER	BUSINESS TITLE	<b>** DIRECT CONTACT # **</b>	<b>** EMAIL ADDRESS **</b>
PARTNER'S / OFFICER'S ADDRESS	UNIT / SUITE #	CITY	STATE    ZIP
<b>** DATE OF BIRTH **</b>	<b>** SOCIAL SECURITY # **</b>	<b>** DRIVER'S LICENSE OR I.D. #</b>	<b>** ITIN # (DOCUMENTS REQUIRED) **</b>

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 \$ _____	OPERATING COST \$ _____ x 5 = \$ _____
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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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REMARKS :

\*\* Additional documents may be required.  
 \*\* All business license tax certificates/permits expire on December 31<sup>st</sup> annually. Renewals are due no later than January 31<sup>st</sup> annually, or penalties 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.