



APPLICATION FOR  
 BUSINESS TAX CERTIFICATE / PERMIT: SIDEWALK VENDOR  
**CITY OF HAWTHORNE**  
 4455 w. 126<sup>th</sup> St., Hawthorne CA 90250  
 (310) 349-2935 OFFICE (310) 978-9858 FAX

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

BUSINESS STARTING DATE	DESCRIPTION OF BUSINESS FOR TAX CERTIFICATE Sidewalk vendor of...	CIRCLE VENDOR TYPE: STATIONARY SIDEWALK VENDOR ROAMING SIDEWALK VENDOR
BUSINESS NAME (DBA)		BUSINESS PHONE #
BUSINESS ADDRESS	UNIT / SUITE #    CITY	STATE    ZIP
MAILING ADDRESS (If different from business address)		CITY    STATE    ZIP CODE
SELLERS PERMIT #		ALT. EMERGENCY PHONE #

** NOT FOR PUBLIC INFORMATION **			
NAME OF BUSINESS OWNER / APPLICANT	BUSINESS TITLE	** TELEPHONE # **	** EMAIL ADDRESS **
OWNER'S / OFFICER'S HOME ADDRESS	UNIT / SUITE #	CITY	STATE    ZIP
** DATE OF BIRTH **	** DRIVER'S LICENSE OR I.D. #	** ITIN # (DOCUMENTS REQUIRED: COLOR COPY OF ISSUANCE LETTER - FRONT/BACK) **	

THIS APPLICATION IS FOR: <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> OTHER: _____	ESTIMATED GROSS RECEIPTS \$ _____
---	-----------------------------------

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	DATE
---------------------------	------

**BELOW FOR CITY USE ONLY**

TAX OR PERMIT FEE \$ _____	RECEIVED BY	RECEIVED DATE
SIDEWALK VENDOR PERMIT OBTAINED:    YES    NO	SIDEWALK VENDOR DECAL # ISSUED: _____	

\*\* Additional documents may be required.  
 \*\* The Licensing Dept. must be notified, in writing, if any of the following occur: business moves, change of address, change of ownership, merger, transfer, change in entity, or ceases/closes. Additional requirements/filings/fees may apply.