



CITY OF HAWAIIAN GARDENS

21815 Pioneer Boulevard • Hawaiian Gardens, CA 90716

Attn: Finance Department • (562) 420-2641

BUSINESS LICENSE TAX APPLICATION

Please Check One:
 NEW APPLICATION - \$35
 CHANGE OF OWNER - \$10
 CHANGE OF LOCATION - \$25
 CHANGE OF NAME - \$10

PLEASE TYPE OR PRINT CLEARLY:

Business Name/DBA: _____

Business Location: _____
(COMPLETE ADDRESS - CANNOT be P.O. Box per State of California, Business & Professions Code Section 17538.5)

Mailing Address: _____

Description of Business: _____

Business E-mail: _____ **SIC/NAICS Code:** _____

Business Phone: () _____ **Business Fax:** () _____

Start Date: _____ **Are you sharing Tenant Space with anyone?** Yes No

Are you a Tobacco Retailer? Yes No **Alcohol Beverage Retailer?** Yes No

Ownership: Corporation Ltd. Liability Corp. Partnership Sole Proprietor Ltd. Partnership Trust Non-Profit

State License No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____ **Tax ID No. (FEIN)** _____ **SEIN No.** _____

OFFICIAL USE ONLY

Business License No. _____

Zoning Clearance: _____

Building Clearance: _____

Approval/Date: _____

Business Type: Retail Manufacturing
 Contractor Professional Wholesale
 Other: _____

Rental Property Type: Residential
 Apartments/Condo Commercial

Enter below names of Owners, Partners, or Corporate Officers – Attach additional page if necessary

Owner Name _____ **Title** _____ **Social Security # :** _____ - _____ - _____

Address _____ **Phone No. ()** _____

(Cannot be P.O. Box) **Drivers Lic. Number** _____

Owner Name _____ **Title** _____ **Social Security # :** _____ - _____ - _____

Address _____ **Phone No. ()** _____

(Cannot be P.O. Box) **Drivers Lic. Number** _____

Please provide name and address of Landlord/Property Manager - if establishment is a rental property

Name _____ **Phone Number ()** _____

Address _____

Please identify a 24-hour contact person for your business in case of emergency

Name _____ **Phone No.()** _____

Please list below each Rental Property Address, Number of Units, and Revenue received at each location – Attach additional page(s) if necessary

ADDRESS OF RENTAL PROPERTY	No. of UNITS	Revenue Received
1. _____	_____	_____
2. _____	_____	_____

ANSWER ALL THAT APPLY:

No. of Restaurant Seats: _____ No. of Employees: _____

No. of News Racks: _____ No. of Units (total): _____

No. of Vending Machines: _____ No. of Taxi Operators: _____

No. of Pool Tables/Arcade Games: _____ No. of Vehicles: _____ (Ambulance or Delivery)

Do you have any Entertainment Permit? Yes No

Estimated Gross Receipts based on 12 months: _____

PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON THE BACK; PLACE AMOUNT IN BUSINESS LICENSE FEE BELOW:

Business License Fee:	\$
Application Fee:	\$ 35.00
State CASp Fee:	\$ 4.00
Employee Fee:	_____
Late Fee:	_____
TOTAL TAX DUE:	\$

Applicant hereby agrees to comply with all applicable State laws and County and City ordinances regulating the type of business for which applied herein. Applicant further agrees that any additional business, trade, calling, exhibition, or avocation engaged in, carried on or conducted by the applicant on said premises or in the City of Hawaiian Gardens shall require specific approval and/or separate application. Applicant hereby certifies that the above information is true and correct. Applicant understands that financial data may be audited by the City which could result in adjustment in the business license tax.

NOTICE: Under Federal and state law compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
 The Division of the State Architect at www.dgs.ca.gov/dsa/home.aspx
 The Department of Rehabilitation at www.rehab.cahwnet.gov – The California Commission on Disability Access at www.cdda.ca.gov

Signature of Owner or Authorized Representative _____ **Date** _____

RETURN APPLICATION TO ADDRESS AT THE TOP AND MAKE CHECK PAYABLE TO: THE CITY OF HAWAIIAN GARDENS. Please be advised that the submittal of this application or payment thereof does not constitute the approval of a license. All fields must be completed for your application to be considered complete.