

# CITY OF WEST HOLLYWOOD

## BUSINESS TAX EXEMPTION APPLICATION FORM

<b>BUSINESS NAME:</b>			
<b>BUSINESS ADDRESS:</b>	Number:	Street:	Unit:
	City:	State:	Zip:
<b>MAILING ADDRESS:</b> (If different than business)	Number:	Street:	Unit:
	City:	State:	Zip:
<b>BUSINESS OWNER:</b>			
<b>EMAIL ADDRESS:</b>			
<b>OWNERSHIP TYPE:</b>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<b>REASON FOR FILING EXEMPTION:</b>	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other:
	If other, please explain:		
<b>FEDERAL ID NUMBER or OWNER'S SOCIAL SECURITY NUMBER:</b>			
<b>FIRST DATE OF BUSINESS:</b>			
<b>DESCRIPTION OF BUSINESS:</b>			

Individuals claiming the home occupation exemption are required to pay a one-time filing fee of 25.

Non-profit organizations/corporations are not required to pay a fee.

I declare under penalty of making a false declaration that I am authorized to make this statement and to the best of my knowledge it is a true, correct, complete statement made in good faith.

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PLEASE SUBMIT THIS FORM WITH PAYMENT.**

**Make \$25.00 Checks payable to:**

*CITY OF WEST HOLLYWOOD*

*8300 SANTA MONICA BOULEVARD*

*WEST HOLLYWOOD, CALIFORNIA 90069-6216*

Receipt # \_\_\_\_\_ Letter: **Y N**

Date Processed: \_\_\_\_\_ By: \_\_\_\_\_