



City of West Hollywood

Revenue Management Division
 8300 Santa Monica Boulevard
 West Hollywood, California 90069

Phone:(323) 848-6451 Hours: Monday - Friday, 8:00 am - 5:00 pm

Official Use Only
BTC#

BUSINESS TAX CERTIFICATE APPLICATION

Application Type

NEW BUSINESS <input type="checkbox"/>	CHANGE OF OWNERSHIP <input type="checkbox"/>	CHANGE OF NAME <input type="checkbox"/>	CHANGE OF LOCATION/ADDRESS <input type="checkbox"/>
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Business Entity Information

Legal Business Name:	DBA: (Doing Business As)
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Physical Business Address:

Business Mailing Address:

Business Phone:	Business Fax:	Business Email:
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Business start date within West Hollywood:	Month (MM)	Day (DD)	Year (YYYY)	Is this Business <input type="checkbox"/> Home Based or <input type="checkbox"/> Commercial

Business Ownership Type	<input type="radio"/> Sole Proprietor	<input type="radio"/> Partnership	<input type="radio"/> Limited Partnership	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Limited Liability Corporation	<input type="radio"/> Corporation	<input type="radio"/> S-Corporation	<input type="radio"/> Trust
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Federal Employer Identification Number (FEIN):	Seller's Permit Number (BEAN):
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Contractors License Number:	Class/License Type:	Expiration Date:
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Business Owner and Officer Information

Please complete the following information for all partners, directors of a corporation, stockholders holding ten percent (10%) or more of the business/corporation, and anyone who is duly authorized to accept service of legal process. Please note that the individual listed at the "PRIMARY CONTACT" will be the City's main contact for all correspondence related to taxes, fees, violations, emergencies, etc.

PRIMARY CONTACT -Title/Capacity:	Ownership %
<input type="radio"/> President <input type="radio"/> Partner <input type="radio"/> Sole Proprietor <input type="radio"/> Managing Member <input type="radio"/> Officer <input type="radio"/> Other _____	

First Name:	Last Name:	Social Security Number:
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Other Names Used (aka, Maiden, etc.):

Residential Address:

Residential Phone Number:	Cellular Phone:	Personal Email:
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Business Owner and Officer Information (Continued)

Driver's License Number:	State Issued:	Date of Birth:	Place of Birth:
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If other owners, list their names and ownership %.

Business Emergency Contact Information

Please provide **24-hour contact information** for emergency purposes.

First Name:	Last Name:	Title/Capacity:
Primary Phone Number:	Secondary Phone:	Personal Email:

Business Operations

1) Please designate the type of business you are or intend to engage in the City of West Hollywood:

<input type="checkbox"/> Retail/Wholesale/Manufacturing	<input type="checkbox"/> Production Industries
<input type="checkbox"/> Showroom	<input type="checkbox"/> Corporate/Administrative Headquarters
<input type="checkbox"/> Service Provider	<input type="checkbox"/> Professionals (Attorney, Doctor, etc.)
<input type="checkbox"/> Recreation/Entertainment	<input type="checkbox"/> Building Contractor
<input type="checkbox"/> Lessor of Non-Residential Property	<input type="checkbox"/> Other _____

2) Please describe in detail the primary business activity that will be conducted in West Hollywood:

3) What is the sq. footage of the location you occupy?	
4) What is the maximum occupancy of your business?	
5) How many full-time employees does your business have?	
6) How many part-time employees does your business have?	
7) What was the previous use of the space your business is currently in? (If unknown, state unknown)	
8) What was the name of the previous business/tenant? (If unknown, state unknown)	
9) What are the days and hours of operation of your business?	
10) Does your business sell to the general public?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11) Is your business wholesale only?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12) Is your business manufacturing only?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13) Does your business sell/deal guns?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14) Does your business grow or sell marijuana?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Business Operations (Continued)

15) Does your business offer motor vehicle rental?		<input type="checkbox"/>	<input type="checkbox"/>
		YES	NO
16) Do you rent/lease your business property?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, who is the property owner?
	YES	NO	
17) Does your business offer massage?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is your California Massage Therapy Council Certificate Number?
	YES	NO	
18) Do you prepare or sell food for consumption?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is your Public Health Permit Number?
	YES	NO	
19) Does your business involve the sale of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is your ABC license type and number?
	YES	NO	
20) Does your business have an outdoor dining area?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is the square footage of the area?
	YES	NO	
21) Does your business offer valet parking?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, is the parking located onsite or offsite? If offsite, what's the address?
	YES	NO	

Businesses that operate in the City of West Hollywood are required to pay an initial application fee or \$26.00 for a Business Tax Certificate.

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, and complete statement made in good faith.

PRINT NAME: _____	PLEASE SUBMIT APPLICATION WITH PAYMENT MAKE \$26.00 CHECK PAYABLE TO: City of West Hollywood Attn: Revenue Management Division 8300 Santa Monica Blvd West Hollywood, CA 90069-6216 Business Tax Hotline: (323) 848-6554
SIGNATURE: _____	
TITLE: _____	
DATE: _____	
PHONE: _____	

Receipt # _____	Certificate: Y N
Date Processed: _____	By: _____