

CITY OF LOS ANGELES

CALIFORNIA



ANTOINETTE CRISTOVALE
DIRECTOR OF FINANCE

OFFICE OF FINANCE
200 N. SPRING STREET
CITY HALL
ROOM 101
LOS ANGELES, CA 90012
(213) 473-5901
FAX (213) 978-1548

ANTONIO R. VILLARAIGOSA
MAYOR

EMPOWERMENT ZONE BUSINESS TAX EXEMPTION APPLICATION
LAMC SECTION 21.26 (e) or (f)

LEGAL NAME: THE FOLLOWING INFORMATION WITHIN IS SUBJECT TO DISCLOSURE.
BUSINESS ADDRESS: Do not use D.B.A (fictitious name) as your legal name
Please check appropriate box: Commercial Location Residence Do not use P.O. Box here as your business address - include zip code
BUSINESS NAME
BUSINESS TYPE: Individual Partnership Corporation L L C Trust
CARE OF (C/O):
MAILING ADDRESS:
Please check appropriate box: Commercial Location Residence If different from business address - include zip code

BUSINESS DESCRIPTION(Please describe in detail):

NUMBER OF EMPLOYEES:
FEDERAL EMPLOYER IDENTIFICATION NO. (FEIN) / SOCIAL SECURITY NO.

I. BUSINESS QUALIFYING FOR MAXIMUM FIVE YEAR LOS ANGELES CITY BUSINESS TAX EXEMPTION

To qualify, your business must meet one of the following criteria as provided under L.A.M.C. Section 21.26 (e) or (f)

PLEASE CHECK A or B below.

- (A) Business relocating from outside the City of Los Angeles into the Empowerment Zone.
Date of relocation:
City of L. A. Business Tax Registration Certificate No. (If applicable)
If you were engaged in business within the City of Los Angeles prior to your relocation AND you do not have a Tax Registration Certificate, please contact the Office of Finance for further instructions at (213) 626-9271.
(B) Newly established business within the Empowerment Zone. (Note: New owners of pre-existing businesses do not qualify for the exemption covered by this application).
Date business started:

IF YOU CHECKED A OR B ABOVE, PROCEED TO SECTION II

FOR OFFICIAL USE ONLY - OFFICE OF FINANCE
Referring to the Mayor's Office by
Date (MM/DD/YYYY): Five Year Expiration Date (MM/DD/YYYY):
Account Number:
Industry Code: Code Description:
FOR OFFICIAL USE ONLY - MAYOR'S OFFICE
Approved/Denied By (Print Name/Title):
Comments:
Signature:
Telephone Number: Date (MM/DD/YYYY):

