

# BUSINESS TAX APPLICATION

If you do any type of Retail or Wholesale sales, you are required to fill out the Tobacco Retailers questionnaire/Application

The following information is subject to disclosure

**Business Type** (check one):  Individual  Corporation  Partnership  LLC  Trust  
Please print or type

**Legal Name:** \_\_\_\_\_  
Do not use DBA here

**Business Address:** \_\_\_\_\_  
Do not use P.O. Box  
Check appropriate box  Commercial location  Residence  
Street address City State Zip Code

**Fictitious Business Name (DBA):** \_\_\_\_\_

**Care Of (C/O):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Do not use P.O. Box  
Check appropriate box  Commercial location  Residence  
Street address or P.O. Box City State Zip Code

**Starting date of business in the City of Los Angeles:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Social Security number (SSN) – OR – Federal Employer Identification number (FEIN):** \_\_\_\_\_

**Sales Tax Number (Seller's Permit):** \_\_\_\_\_

**Description of Business:** \_\_\_\_\_  
(Provide in detail) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Gross Receipts:** (If your business began prior to this year, Please complete the information below)

Activity:	2012	2013	2014	2015	2016	2017	2018	2019
Classification	_____	_____	_____	_____	_____	_____	_____	_____

Classification \_\_\_\_\_

**Note:** A minimum business tax may be due based on your business activity (ies) for the first year of operation.

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete.

Signature of owner or agent \_\_\_\_\_ Date \_\_\_\_\_

Print your name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_