



VENDOR REGISTRATION PACKET

STEP 1: READ THIS

Complete this form if you do not already have an active Business Tax Registration Certificate with the City of Los Angeles.

In order to do business with and receive payments from the City of Los Angeles, potential suppliers of goods and services must provide the City Controller's Office with a registration account number issued by the Office of Finance.

In order to obtain the required registration number, please complete and return the enclosed application.

Applications are reviewed by Office of Finance personnel and the appropriate registration number will be issued. An annual business tax is due upon issuance of a Tax Registration Number (TRN). All Vendor Registration Numbers (VRN) will be reviewed on an annual basis.

STEP 2: COMPLETE CHECKLIST

Indicate Business Activity (Select all that apply):

<input type="checkbox"/> SELLING GOODS, WARES, OR MERCHANDISE AT WHOLESALE OR RETAIL	<input type="checkbox"/> TRUCKING OR HAULING
<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> TRANSPORTING PERSONS FOR HIRE
<input type="checkbox"/> PROFESSIONAL OR OCCUPATIONAL/MISCELLANEOUS SERVICES	<input type="checkbox"/> LEASING OR RENTING TANGIBLE PERSONAL PROPERTY
<input type="checkbox"/> LEASING OR RENTING COMMERCIAL PROPERTY	<input type="checkbox"/> LEASING OR RENTING HOTEL ROOMS, APARTMENTS, OR RESIDENTIAL UNITS

STEP 3: COMPLETE THE FOLLOWING APPLICATION AND SUBMIT TO THE ADDRESS, FAX OR EMAIL ADDRESS AT THE TOP OF THIS FORM

If you have questions regarding Vendor Registration, please contact the **Special Desk Unit** at (844) 663-4411.



VENDOR REGISTRATION FORM

*INDICATES A REQUIRED FIELD - to avoid delays, please complete all required fields.

*LEGAL NAME OF BUSINESS OWNER - The Individual, Partnership, Corp, or LLC that owns the business

*BUSINESS NAME - The Doing Business As ("DBA") name for conducting business

*SSN _____ OR *FEIN _____
Social Security Number Federal Employer Identification Number

*BUSINESS ADDRESS (Do not use postal or mailing box here):

House Office Street# Street Name Unit# City State Zip

MAILING ADDRESS

House Office Street# Street Name Unit# City State Zip

C/O : _____ BUSINESS NAME/DBA _____

*DETAILED DESCRIPTION OF BUSINESS:

QUESTIONNAIRE

*What date will you begin working with a department of the City of Los Angeles or physically start within the City of Los Angeles?

*Through physical presence, will you or your employees perform work or render services within the City of Los Angeles for seven (7) or more days per calendar year? Yes No

*Have you ever had a Business Tax Registration Certificate with the City of Los Angeles? Yes No

*Do you currently have a Business Tax Registration Certificate with the City of Los Angeles? Yes No

If yes, please enter the account number found on your certificate: _____

(Account numbers are generally in this format: 0000000000-0000-0)

*SIGNATURE _____ Date: _____

*EMAIL ADDRESS: _____ PHONE NUMBER: _____

Return completed form to the address, fax or email address at the top of this form.