



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 Street address City State Zip Code
Check appropriate box Commercial location Residence

Fictitious Business Name (DBA): _____

Care Of (C/O): _____

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

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:	2013	2014	2015	2016	2017	2018	2019	2020
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** _____