

For Office Use Only: PYMT DT: \_\_\_\_\_

- New Account
- Information Change
- Business Cancellation
- Amend Basis For Tax
- Renewal

OB DATE: \_\_\_\_\_

END REASON: \_\_\_\_\_



ERIC GARCETTI  
MAYOR

RMS Ref # «ACCT\_ID»

### APPLICATION FOR BUSINESS TAX

To prevent any delay in the processing of your application, please complete all applicable information below.

1. Business Details: LOS ANGELES START DATE \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_

Do not use DBA (fictitious name) here

BUSINESS TYPE:  Individual  Partnership  Corporation  LLC  Trust  
(Check One)

FEDERAL EMPLOYER IDENTIFICATION No (FEIN):

-OR-

SOCIAL SECURITY NUMBER (SSN) \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_

#### 2. BUSINESS ADDRESS:

Do not use P.O. Box here

Address Type:  
(Check One)

Residential

Non-Residential

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Care of \_\_\_\_\_ Business Phone Number \_\_\_\_\_

#### 3. MAILING ADDRESS:

If different from Business

Address Type:  
(Check One)

Residential

Non-Residential

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Care of \_\_\_\_\_ Business Phone Number \_\_\_\_\_

4. BUSINESS DESCRIPTION: (If you believe you are exempt from the business tax, please provide the reason below. Otherwise, please enter a description of the business activity and complete the reverse side of this application)

--DO NOT LEAVE THIS SECTION BLANK--

#### 5. CONTACT PERSON:

(Optional)

Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Ext \_\_\_\_\_

Print name of Owner or Agent

Phone Number \_\_\_\_\_ Ext \_\_\_\_\_

Fax Number \_\_\_\_\_

Signature of Owner or Agent

Title \_\_\_\_\_ Date \_\_\_\_\_

CITY OF LOS ANGELES  
CALIFORNIA

Phone: (844) 663-4411  
Fax: (213) 928-9392

If currently registered, enter account # in box

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**Mailing Address:**

City of Los Angeles Office of Finance  
RMS Tax Discovery Unit  
P.O. Box 53234  
Los Angeles, CA 90053-0234

PRIMARY ACTIVITY		FUND/CLASS
YEAR	GROSS RECEIPTS (CALENDAR YEAR)	AMOUNT DUE
2020	\$	\$
2019	\$	\$
2018	\$	\$
2017	\$	\$
2016	\$	\$
2015	\$	\$
2014	\$	\$
2013	\$	\$

SECONDARY ACTIVITY		FUND/CLASS
YEAR	GROSS RECEIPTS (CALENDAR YEAR)	AMOUNT DUE
2020	\$	\$
2019	\$	\$
2018	\$	\$
2017	\$	\$
2016	\$	\$
2015	\$	\$
2014	\$	\$
2013	\$	\$

Telephone number where you may be contacted between the hours of 8:30 a.m. – 4:30 p.m.

Home ( ) \_\_\_\_\_

Office ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date