



# 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:                      2014    2015    2016    2017    2018    2019    2020    2021  
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** \_\_\_\_\_