



Business Tax Division

ACCOUNT # _____

CITY OF CULVER CITY

(310) 253-5870

PO BOX 507, 9770 CULVER BLVD., CULVER CITY, CALIFORNIA 90232-0507

FINANCE DEPARTMENT

CONTRACTOR (OUT OF CITY) REACTIVATION FORM

Business Name: _____ Phone #: _____

Business Address: _____ Fax #: _____
Address City State Zip

Mailing Address: _____
(If different from above) Address City State Zip

Ownership (Circle One): Sole Proprietor Partnership Corporation Other _____
Legal name of Corporation (if a Corporation)

Name and Title of Owner/Partner/Officer Home Address, City, State, Zip Home Telephone #

Name and Title of Owner/Partner/Officer Home Address, City, State, Zip Home Telephone #

Federal I.D./Social Security #: _____ State License #: _____ Type: _____ Exp: _____

Job Site Address: _____

Current Year Culver City Job(s) Estimate: \$ _____ Had a Culver City Business Tax Certificate? _____ When? _____

Will you be using Sub-Contractors for this job? YES NO Will you required Santitation Services?
YES NO
(Please complete sub-contractor form)

CHECK ONE: I am the Contractor to whom the License is issued by the State of California.
 Agent authorized by Contractor to whom License is issued (Letter of Authorization must be provided).

I CERTIFY, UNDER PENALTY OF PERJURY, THAT FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE of Owner, Partner, Officer or Agent

PRINT Name and Title

Application Fee:	\$70.00
Tax Amt Now Due:	_____
Prior Balance Due:	_____
TOTAL DUE:	_____
Paid by: Cash _____ Chk _____ CC _____ (Make checks payable to <i>City of Culver City</i>)	

TAX MUST BE PREPAID WITH THIS APPLICATION AT THE RATE OF \$1 FOR EACH \$1,000 (OR PART THEREOF) OF ESTIMATED TOTAL GROSS RECEIPTS FOR THE YEAR.

BT CODE: **360** Taken by _____ C/S # _____ Entered by _____ Refuse Customer # _____

TO PAY BY VISA OR MASTERCARD, COMPLETE THE REVERSE SIDE OF THIS FORM

IF YOU WISH TO PAY BY CREDIT CARD, PLEASE COMPLETE

Charge to Credit Card: VISA MASTERCARD

Amount to Charge: \$ _____

16-digit acct. card #: _____ Expiration Date: _____
(mm/yy)

Cardholder's Name: _____ Phone #: () _____

Cardholder's Billing Address: _____
(number) (street)

(city) (state) (zip)

Cardholder's Signature: _____

UNLESS ALL REQUESTED INFORMATION IS PROVIDED, CREDIT CARD PAYMENT WILL NOT BE PROCESSED