CITY OF CULVER CITY

Finance Department

9770 Culver Blvd. Culver City, CA 90232
Phone (310) 253-5870 or 253-5888 (recorded info.)
Email: business.license@culvercity.org

AFFIX BARCODE LABEL HERE

APPLICATION FOR BUSINESS TAX CERTIFICATE

IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO NOTIFY THE BUSINESS TAX OFFICE IMMEDIATELY IF THERE ARE ANY CHANGES TO THE BUSINESS ENTITY FROM THE INFORMATION SUBMITTED ON THIS APPLICATION. BUSINESS TAX IS PAID FOR THE CALENDAR YEAR JANUARY 1 THROUGH DECEMBER 31. IT IS THE BUSINESS OWNER'S RESPONSIBILITY TO RENEW THE BUSINESS TAX CERTIFICATE EACH YEAR.

PAYMENT OF FEES DOES NOT CONSTITUTE A PERMIT TO OPERATE.

PREVIOUS ACCOUNT: _____

Check all that apply:
- ☐ New Business
- ☐ Home Occupation
- ☐ List on Culver City Website

Url: _____

Check one:
- ☐ Corporation
- ☐ LLC
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Other _____

Change of:
- ☐ Owner
- ☐ Type of Ownership
- ☐ Business Name
- ☐ Business Location
- ☐ Business Activity

PLEASE TYPE OR PRINT CLEARLY - COMPLETE ALL SECTIONS THAT APPLY TO YOUR BUSINESS:

Business Name (DBA) _____

Business Location _____
Street & Number | Suite/Apt. # | City | State | Zip Code

Mailing Address _____
(If Different) Street & Number | Suite/Apt. # | City | State | Zip Code

Legal Name of Partnership or Corporation _____

Bus. Phone ( ) _____ **Bus. Fax ( )** _____ **E-Mail** _____

Complete Description of Business Activity: _____

_____

_____

_____ **Starting Date in Culver City:** _____

No. of Employees at this Location: **Full-Time** _____ **Part-Time** _____ **Maximum Number of People at Any Given Time:** _____

Laundry Room: Yes ☐ No ☐ **Square Footage of Bldg. or Suite:** _____ **Fire Inspection No.:** **F#** _____

Fire or Burglar Alarm? Yes ☐ No ☐ **Vending/Amusement Machines?** Yes ☐ No ☐ **If yes, no. of machines:** _____

Food & Beverage Establishments: **Entertainment?** Yes ☐ No ☐ **Serve Alcohol?** Yes ☐ No ☐ **Refuse Customer No.** _____

Property Owner _____
Name | Address | Telephone

Property Manager _____
Name | Address | Telephone

Subleasing? (from whom) _____
Name | Address | Telephone

CITY USE ONLY							
	APPLICATION FEE $ _____	FIRE INSP. FEE $ _____	DATE PAID _____	MEMO _____
	STATE MANDATED FEE $ _____	PENALTY___ % $ _____	BT CODE _____	COMMITTEE _____
	PLANNING BUSINESS REVIEW FEE $ _____	TOTAL DUE $ _____	LOC TYPE _____	P P RECIEPT # _____
	FLAT TAX $ _____	AMOUNT PAID $ _____	BUS RATE _____	APPL TKN _____
		BALANCE DUE $ _____	TEXT CODE _____	ENTER BY _____

(PLEASE COMPLETE REVERSE)

HOME ADDRESS IS CONFIDENTIAL AND NOT AVAILABLE TO THE PUBLIC UNLESS IT IS ALSO THE BUSINESS ADDRESS.

Federal Tax I.D. No./Social Security No. _____ **State Sales Tax No.** _____
(Copy of Seller's Permit required)

LIST ALL OWNERS, OFFICERS OR PARTNERS:

Name _____ **Title** _____ **Home Phone ( )**_____

Home Address _____
Street & Number Suite/Apt. # City State Zip Code

Name _____ **Title** _____ **Home Phone ( )**_____

Home Address _____
Street & Number Suite/Apt. # City State Zip Code

Name _____ **Title** _____ **Home Phone ( )**_____

Home Address _____
Street & Number Suite/Apt. # City State Zip Code

Name 1 2 3 ==> Driver's License Number _____
(Circle One)

I hereby certify, under penalty of perjury, that the information in this application and any attachments is true, correct, and complete to the best of my knowledge.
THIS APPLICATION MUST BE SIGNED BY A BUSINESS OWNER OR OFFICER ONLY.

_____ _____ _____
Applicant's Signature **Name and Title (please print)** **Date**

Mandatory review of this tax certificate will be performed by the Planning Division; in addition, the business owner may be required to have their application reviewed by Building Safety and Fire. Planning will make the determination if this action is necessary. This application will not be deemed completed until all reviews have been completed in their entirety.

PLANNING DIVISION

Planning _____
_____
_____

Home OCC Rules Given Yes ☐ No ☐

Business Planning Review Fee Yes ☐ No ☐

GEO _____ BID _____

Building Safety Review Yes ☐ No ☐
(please see below for requirements)

Fire Review Yes ☐ No ☐
(please see below for requirements)

Planning Signature: _____
Date: _____

BUILDING SAFETY DIVISION

I acknowledge I have received a copy of the "Construction Permitting Guidelines for Businesses" and I further agree to abide by the California Building codes: California Title 24.

Business Applicant Signature: _____
Date: _____

The information below is to be completed by Building Safety Staff:

Building Safety Division Inspection Required: Yes ☐ No ☐
(Note: Allow building inspector min. 48 hour advance notice)

Building Safety Rep. Signature: _____
Date: _____ Further Action: Yes ☐ No ☐

FIRE PREVENTION DIVISION

I agree to abide by the California Building and Fire Codes and all adopted Culver City Codes, Ordinances and Resolutions.

Business Applicant Signature: _____
Date: _____

The information below is to be completed by Fire Prevention Staff:

Fire Prevention Division Inspection Required: Yes ☐ No ☐
(Note: Allow building inspector min. 48 hour advance notice)

Fire Prevention Signature: _____
Date: _____ Further Action: Yes ☐ No ☐

Refuse Customer No: Sanitation Dept. Signature Date: