



CITY OF CULVER CITY

Finance Department

9770 Culver Blvd. Culver City, CA 90232

Phone (310) 253-5870 or 253-5888 (recorded info.)

ACCOUNT NO. _____

PREVIOUS ACCOUNT NO. _____

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.

Check all that apply:

- New Business
- Home Occupation
- List on Website

Check one:

- Corporation
- LLC
- Partnership
- Sole Proprietorship
- Other _____

Change of:

- Owner
- Type of Ownership
- Business Name
- Business Location
- Business Activity

Url: _____

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: _____

No. of Employees at this Location: Full-Time _____ Part-Time _____ Starting Date in Culver City: _____

Laundry Room: Yes No Square Footage of Bldg. or Suite: _____ Maximum Number of People at Any Given Time: _____

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 \$ _____	TOTAL DUE \$ _____	BT CODE _____	COMMITTEE _____
	PLANNING BUSINESS REVIEW FEE \$ _____	AMOUNT PAID \$ _____	MEMO _____	C/S # _____
	FLAT TAX \$ _____	BALANCE DUE \$ _____	LOC TYPE _____	APPL TKN _____
	PENALTY ____% \$ _____	DATE PAID _____	BUS RATE _____	ENTER BY _____
			TEXT CODE _____	

(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 _____ _____ _____		Building Safety Review	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>(please see below for requirements)</i>	
Home OCC Rules Given	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Review	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>(please see below for requirements)</i>	
Business Planning Review Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Planning Signature: _____	
GEO _____	BID _____	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 <input type="checkbox"/> No <input type="checkbox"/> <i>(Note: Allow building inspector min. 48 hour advance notice)</i>
Building Safety Rep. Signature: _____ Date: _____ Further Action: Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/> <i>(Note: Allow building inspector min. 48 hour advance notice)</i>
Fire Prevention Signature: _____ Date: _____ Further Action: Yes <input type="checkbox"/> No <input type="checkbox"/>

Refuse Customer No: _____ Sanitation Dept. Signature _____ Date: _____

