



CITY OF HAWAIIAN GARDENS

21815 Pioneer Boulevard • Hawaiian Gardens, CA 90716
Attn: Finance Department • (562) 420-2641

Please Check One:

NEW APPLICATION

CHANGE OF OWNER

CHANGE OF LOCATION

CHANGE OF NAME

BUSINESS LICENSE TAX APPLICATION

PLEASE TYPE OR PRINT CLEARLY:

Business Name _____

Business Location _____
(Cannot be P.O. Box per State of California, Business & Professions Code-Section 17538.5)

Mailing Address _____

Bus. Phone () _____ Bus. Fax () _____

Start Date _____ SIC Code _____

Description of Business _____

Are you sharing a tenant space with anyone? Yes No

Ownership: Corporation Corp-Ltd Liability Partnership Sole Proprietor Limited Partnership Trust Non Profit

State Lic. No. _____ Lic. Type _____ Expiration Date _____

Resale No. _____ FEIN No. _____ SEIN No. _____

Enter below names of Owners, Partners, or Corporate Officers - Attach additional pages if necessary

Owner Name _____ Title _____ Soc. Sec. No. _____

Address _____ Phone () _____
(Cannot be P.O. Box)

Owner Name _____ Title _____ Soc. Sec. No. _____

Address _____ Phone () _____
(Cannot be P.O. Box)

Please provide name and address of landlord, if a rental property - Attach additional pages if necessary

Name _____ Phone () _____

Address _____

Please identify a 24-hour contact person for your business in case of an emergency

Name _____ Phone () _____

Address _____

Please list below each Rental Property Address, Number of Units and Revenue received at each location - Attach additional pages if necessary

	Address of Rental Property	No. of Units	Revenue Received
1.			
2.			

ANSWER ALL THAT APPLY:

No. of Arcade Games _____ No. of Restaurant Seats _____

No. of Hospital Beds _____ No. of News Racks _____

No. of Taxi Operators _____ No. of Units _____

No. of Vehicles (delivery) _____ No. of Employees _____

No. of Vending Machines _____ Do you have an Entertainment

No. of Pool Tables _____ Permit? Yes No

Estimated Gross Receipts _____

Estimated Gross Receipts are based on _____ months

from _____ to _____

PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON WEBSITE, BASED ON ESTIMATED GROSS RECEIPTS, ENTER FEE IN BOX BELOW AND SIGN.

Business License Fee

Late Fees

Employee Fee \$

Application Fee \$

TOTAL TAX DUE \$

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.

Applicant hereby agrees to comply with all applicable State laws and County and City ordinances regulating the type of business for which applied herein. Applicant further agrees that any additional business, trade, calling, exhibition, or avocation engaged in, carried on or conducted by the applicant on said premises or in the City of Hawaiian Gardens shall require specific approval and/or separate application. Applicant hereby certifies that the above information is true and correct. Applicant understands that financial data may be audited by the City which could result in an adjustment in the business license tax.

SIGNATURE OF OWNER OR REPRESENTATIVE: _____ DATE: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF HAWAIIAN GARDENS. Please be advised that the submittal of this application or payment thereof does not constitute the approval of a license. All fields must be completed for your application to be considered complete. If approved, your business license will be mailed within fourteen (14) business days.