



CITY OF LAWDALE

14717 Burin Avenue • Lawndale, CA 90260 • (310) 973-3200

BUSINESS LICENSE TAX APPLICATION-DEPOSIT ONLY SUBJECT TO APPROVAL

THIS APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE LICENSE CAN BE ISSUED.

Start Date: _____	Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit
Business Name: _____	Resale No. _____	
Business Address _____ City _____ State _____ ZIP _____	FEIN No. _____	
<small>(Cannot be P.O. Box for non-exempt businesses per State of California, Business & Professions Code-Section 17538.5)</small>	SEIN No. _____	
Mailing Address _____ City _____ State _____ ZIP _____	State Lic. No. _____	
Bus. Phone () _____ Bus. Fax () _____	Lic. Type _____ Exp. Date: _____	
Business Type _____		
Description of Business _____		

Enter below names of Owners, Partners, or Corporate Officers – (use additional sheets if necessary).

Owner Name _____ Title _____	Soc. Sec. No. _____
Home Address _____	Phone (____) _____
<small>(Cannot be P.O. Box)</small>	Date of Birth: _____
Owner Name _____ Title _____	Drivers Lic. No. _____
Home Address _____	Soc. Sec. No. _____
<small>(Cannot be P.O. Box)</small>	Phone (____) _____
	Date of Birth: _____
	Drivers Lic. No. _____

In case of emergency, please contact:

Name _____ Title _____	Phone (____) _____
Address _____	

Alarm Company (If applicable)

Name _____	Phone (____) _____
Address _____	License No.: _____

Vehicle Information (If applicable) – Must be filled out completely before stickers can be issued. (use additional sheets if necessary).

License Plate #: _____	VIN#: _____
State Vehicle Registered: _____	Year: _____
Make: _____	Model: _____
Color: _____	

WORKER'S COMPENSATION INSURANCE

POLICY #: _____

I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California. NOTE: If after signing the certificate, you hire any employee, you become subject to the workers' compensation provisions of the California Labor Code, and you must immediately comply with the provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or your license immediately becomes revoked.

DATE: _____ SIGNATURE OF OWNER OR REPRESENTATIVE: _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT ALL REQUIRED LICENSES ARE IN FULL FORCE AND EFFECT.

DATE: _____ SIGNATURE OF OWNER OR REPRESENTATIVE: _____

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS SECTION

BUSINESS LICENSE NO. _____	* NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.ccda.ca.gov .	# of Emp. _____ x8.75=\$ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		# of Veh. _____ =\$ _____
Building _____ Date _____		of Rental Units: _____ =\$ _____
Zoning _____ Date _____		of Vend. Mach.: _____ =\$ _____
Fire _____ Date _____		If vending machines are rented give owner of machine: Name: _____ Address: _____
Health _____ Date _____	City Tax.: \$ _____	
Sheriff _____ Date _____	Application Fee: \$ _____	
Receipt #: _____ Date _____	Alarm Permit Fee: \$ _____	
CK/MO #: _____ Amt: \$ _____	Special Permit Fee: \$ _____	
Credit Card - Approval#: _____	* State CASp fee: \$ _____ 4.00	
Cash: \$ _____ Taken by: _____	TOTAL DUE: \$ _____	

Thank you for doing business in the City of Lawndale!

CITY OF LAWDALE

BUSINESS LICENSE FEE SUMMARY

THE BASIC TAX FOR ANY LICENSE NOT SPECIFICALLY LISTED BELOW IS AS FOLLOWS: \$64.00 + \$8.75 per employee.

All businesses pay a one-time application fee of \$75.00.

All businesses pay a State CASp fee of \$4.00 (Revised/eff: 01/01/2018)

All businesses (including residential) located inside the City with an alarm system, must pay a \$50.00 alarm permit.

Residential rental pay \$24 per unit.

If 5 or less units, the business is exempt from the application fee.

If 5 or less units, the business receives a credit of one unit.

If 5 or less units and owner occupied, the business receives an additional credit of one unit.

If 10 or more units, must pay \$64 for each coin operated machine located on the premises.

Mobile home parks or boardinghouses pay \$10 per unit.

Wheeled vehicle businesses with 1 vehicle pay \$64 + \$8.75 per employee plus:

100.00 for 2 to 3 vehicles

150.00 for 4 to 6 vehicles

200.00 for 7 to 10 vehicles

250.00 for 10 or more vehicles

Contractors pay \$64 + \$8.75 per employee plus \$25 per vehicle over 4 vehicles.

Billboard businesses pay \$64 + \$8.75 per employee plus:

\$500.00 for the first \$10,000 of gross receipts plus

50.00 per \$1,000 for \$10,000 to \$25,000 of gross receipts plus

20.00 per \$1,000 for gross receipts over \$25,000

Coin-operated machines (exclusive business) pay \$64.00 + \$8.75 per employee plus:

\$114.00 for the first \$10,000 of gross receipts plus

50.00 per \$1,000 to \$25,000 of gross receipts plus

20.00 per \$1,000 for gross receipts over \$25,000

IN ADDITION, THE FOLLOWING BUSINESSES MUST PAY SPECIAL PERMIT FEES AS FOLLOWS:

<table border="0" style="width: 100%;"> <tr><td>Acupressure</td><td style="text-align: right;">\$150.00</td></tr> <tr><td>Ambulance driver/operator</td><td style="text-align: right;">50.00</td></tr> <tr><td>Auctioneers</td><td style="text-align: right;">100.00</td></tr> <tr><td>Auto wrecker/dismantler</td><td style="text-align: right;">325.00</td></tr> <tr><td>Bar</td><td style="text-align: right;">275.00</td></tr> <tr><td>Billboards</td><td style="text-align: right;">500.00</td></tr> <tr><td>Broker, stock</td><td style="text-align: right;">150.00</td></tr> <tr><td>Bus benches</td><td style="text-align: right;">50.00 + \$13.00 per bench</td></tr> <tr><td>CATV</td><td style="text-align: right;">50.00 + \$1 per subscriber</td></tr> <tr><td>Cabaret</td><td style="text-align: right;">100.00</td></tr> <tr><td>Carnival, daily</td><td style="text-align: right;">250.00</td></tr> <tr><td>Circus, daily</td><td style="text-align: right;">100.00</td></tr> <tr><td>Check cashing</td><td 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<tr><td>Locksmith</td><td style="text-align: right;">50.00</td></tr> <tr><td>Massage parlor</td><td style="text-align: right;">500.00</td></tr> <tr><td>Petroleum</td><td style="text-align: right;">100.00 per oil well</td></tr> <tr><td>Pest control</td><td style="text-align: right;">50.00</td></tr> <tr><td>Private patrol</td><td style="text-align: right;">50.00</td></tr> </table>	Acupressure	\$150.00	Ambulance driver/operator	50.00	Auctioneers	100.00	Auto wrecker/dismantler	325.00	Bar	275.00	Billboards	500.00	Broker, stock	150.00	Bus benches	50.00 + \$13.00 per bench	CATV	50.00 + \$1 per subscriber	Cabaret	100.00	Carnival, daily	250.00	Circus, daily	100.00	Check cashing	250.00	Collection agency	250.00	Computer dating svc	500.00	Entertainment, café	100.00	Fortuneteller	250.00	Handbills, annual	225.00	Handbills, quarterly	125.00	Handbills, daily	25.00	Home occupation	10.00	House number painter	25.00	Junk wrecker	350.00	Junk collector	50.00 + \$125.00 per vehicle	Junk 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CITY OF LAWNDALE
COMMUNITY DEVELOPMENT DEPARTMENT
14717 Burin Avenue, Lawndale, CA 90260
Telephone: (310) 973-3230

FEE: \$139.04
(Must be submitted with application)
NON-REFUNDABLE

Zoning Approval for New/Modified Business License (including HOC)

To all applicants: Every business must meet planning and zoning requirements to ensure its business category and sites are compatible. Before signing a lease or investing in a location, fill out this application to receive planning and zoning review for your proposed business.

Date: _____ Telephone No.: _____

Business Address: _____

(Include Suite or Unit #) _____

Name of Business Owner(s): _____

Name of Applicant (s): _____
(If different from business owner)

Business Description

Please provide a general description of your business. Information should include what the proposed business is and how it operates. Who does the business serve and how does it do it? *(Use additional sheets as necessary)*

If you are proposing to share the tenant space with an existing business, please provide details of the existing use and how the proposed use will be compatible.

Please provide the Property Owner or Property Management's Name, Address, and Telephone number:

If, **HOME OCCUPATION PERMIT** is being used in Lawndale City limits, please provide home area used for business:

Please answer the following questions specifically. If a question does not apply to your business please note: N/A (not applicable).

Hours of Operation: _____ Number of Employees: _____

Equipment used: _____

Number and type of vehicles used:

Location where vehicles are parked (some applications will require a parking plan to be submitted, Planning will notify you):

How sales and delivery method would be used?

Will alcohol be served: _____ Will tobacco products be sold: _____

Hazardous Materials connected with the business: _____

Proposed Tenant Improvements (changes made to the exterior or interior of the business):

New signs proposed (**BEFORE** commissioning any new signs receive separate approval for signs):

DEPARTMENT USE ONLY:

Date Received: _____ Zoning: _____

Approved Denied More information required

Planner _____ Date _____

Comments: _____
