



City Of Manhattan Beach

Finance Department

BUSINESS LICENSE TAX APPLICATION

1400 HIGHLAND AVENUE, MANHATTAN BEACH, CA 90266

Phone: (310) 802-5558 FAX: (310) 802-5551 TDD: (310) 546-3501

FOR OFFICE USE ONLY

CATEGORY _____

BUSINESS LICENSE #: BL- _____

EXPIRATION DATE: 03/01/ _____

TYPE OF BUSINESS:

- SOLE OWNERSHIP CORP
 PARTNERSHIP LLP LLC

BUSINESS NAME (DBA):		
CORPORATE NAME (if applicable):		
BUSINESS ADDRESS (Physical Location):		CITY, STATE, ZIP:
MAILING ADDRESS (if different than business address):		CITY, STATE, ZIP:
BUSINESS PHONE:	BUSINESS FAX:	BUSINESS E-MAIL:
START DATE IN MAN. BCH (MM/DD/YYYY):	# of EMPLOYEES (working in City or on job site):	WEBSITE ADDRESS:
DESCRIPTION OF BUSINESS (Primary Nature of Business):		
FEDERAL TAX ID or SOCIAL SECURITY #:	PROFESSIONAL LICENSE #:	STATE RESALE # (if applicable):
STATE CONTRACTORS LICENSE #	STATE CONTRACTORS CLASS:	
PRINCIPAL OWNER INFORMATION (information is considered confidential and not made public.)		
1. NAME:	TITLE:	E-MAIL:
PHONE:	SOCIAL SECURITY # or DRIVER'S LICENSE #: (Non-Corp entities)	

BUSINESS LICENSE CONTACT (Whom is authorized to speak to the City about the business license application?)		
2. NAME/TITLE:	PHONE:	E-MAIL:
ADDITIONAL CONTACT (Optional)		
NAME:	TITLE:	PHONE:
		E-MAIL:

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION DISCLOSED IS TRUE AND CORRECT

<u>SIGNATURE</u>	<u>PRINT NAME</u>	<u>TITLE</u>	<u>DATE</u>
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ADDITIONAL INFO:	ESTIMATED GROSS RECEIPTS (SUBJECT TO AUDIT):	\$
<p>Have you had a City Business License before?</p> <ul style="list-style-type: none">If yes, please let the cashier know so we may renew/re-activate the account. <p>Is this a change of address?</p> <ul style="list-style-type: none">If the business is re-locating within the City of Manhattan Beach, a new Zoning Business Review will need to be submitted to Community Development Planning Division. <p>Has there been a change of ownership?</p> <ul style="list-style-type: none">Please submit a new Business License Tax Application and documentation verifying the change ownership. <p>Did the name of the business change?</p> <p>Please provide documentation to verify the name change (i.e. FBN statement, Statement of Information. etc)</p>	BASE TAX	
	GROSS RECEIPTS (@ \$ _____ /1000 over \$ _____)	+
	BID (A OR B)	+
	DECALS (\$4.00 each)	+
	AB 1379 FEE*	+ \$ 4.00
	TOTAL TAX DUE:	=
NOTES:		

* 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.cdda.ca.gov