

CITY OF WEST HOLLYWOOD

BUSINESS TAX EXEMPTION APPLICATION FORM

BUSINESS NAME:			
BUSINESS ADDRESS:	Number:	Street:	Unit:
	City:	State:	Zip:
MAILING ADDRESS: (If different than business)	Number:	Street:	Unit:
	City:	State:	Zip:
BUSINESS OWNER:			
EMAIL ADDRESS:			
OWNERSHIP TYPE:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
REASON FOR FILING EXEMPTION:	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other:
	If other, please explain:		
FEDERAL ID NUMBER or OWNER'S SOCIAL SECURITY NUMBER:			
FIRST DATE OF BUSINESS:			
DESCRIPTION OF BUSINESS:			

The \$4 Senate Bill 1186 fee is applicable to all local businesses, including rental properties, home-based businesses, contractors, exempt businesses and non-profits.

Individuals claiming the home occupation exemption are required to pay a one-time filing fee of \$25 plus the \$4 SB1186 fee for a total of \$29.00. Non-profit organizations/corporations are not required to pay one-time filing fee but are required to pay the \$4 SB 1186 fee for a total of \$4.00.

I declare under penalty of making a false declaration that I am authorized to make this statement and to the best of my knowledge it is a true, correct, complete statement made in good faith.

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

PHONE: _____

PLEASE SUBMIT THIS FORM WITH PAYMENT.

Make \$29.00 Checks payable to:

CITY OF WEST HOLLYWOOD

8300 SANTA MONICA BOULEVARD

WEST HOLLYWOOD, CALIFORNIA 90069-6216

Receipt # _____ Letter: **Y N**

Date Processed: _____ By: _____