



CITY OF CARSON
REVENUE DIVISION

701 East Carson Street • P. O. Box 6234 • Carson, CA 90749
Phone: (310) 952-1748 • Fax (310) 518-2874
E-mail Address: revenue@carson.ca.us

BUS. LIC. NO.
ALARM PERMIT NO.
NEW RENEW
CHANGE OF ADDRESS

PRINT OR TYPE ONLY

BUSINESS TAX/PERMIT APPLICATION

Ownership: Corporation, Corp-Ltd. Liability, Sole Proprietorship, Partnership, Trust
Business Name, Business Location, Mailing Address, Bus. Phone, Description of Bus., Carson Start Date, Contractor's Lic. No.

Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary

(1) Owner Name, Social Security No., Home Address, City, State, Zip, Title, Driver's Lic. No., % Interest Held, Date of Birth, Phone, Cell Phone
(2) Owner Name, Social Security No., Home Address, City, State, Zip, Title, Driver's Lic. No., % Interest Held, Date of Birth, Phone, Cell Phone

THIS SECTION MUST BE COMPLETED IF YOUR BUSINESS IS LOCATED WITHIN THE CITY

DO YOU OWN, LEASE/RENT THE SUBJECT PROPERTY? OWN, LEASE/RENT
(If lease/rent, please provide the name and address of your lessor/landlord) (NAME), ADDRESS
DOES THIS LOCATION HAVE AN ALARM SYSTEM? YES, NO
a. Does the alarm system call a Central Monitor? YES, NO
b. When activated, does alarm ring outside? YES, NO
c. Name, address & phone no. of alarm service company: (NAME), ADDRESS, Phone
EMERGENCY CONTACTS (Persons able to access premises after business hours:) (NAME), ADDRESS, Phone
In order for us to compute your taxes/fees, please provide the following information:
No. of Employees, No. of vehicles, No. of Days or Months, No. of vending/amusement machines, No. of units

APPLICANT MUST WITHIN FIVE (5) DAYS THEREAFTER NOTIFY THIS OFFICE OF ANY CHANGE IN ANY FACTS REQUIRED BY THIS APPLICATION
NOTICE: Payment of business taxes and/or fees or the issuance of a business tax certificate in no way releases the applicant/licensee from compliance with any provision of federal, state, county statutes, ordinances, regulations or other law, including and without limitation to zoning, building, fire and health and safety laws.
I declare under penalty of perjury that the above information contained herein is to the best of my knowledge and belief true and correct. As a condition for the issuance of the license applied for, I agree to submit any additional information that may be required; to conduct all phases of this business in accordance with regulations established for such business in conformance with all applicable laws, ordinances, and regulations.

Date: Signature of Owner or Representative:

BELOW FOR OFFICE USE ONLY

Table with columns: DATE SENT, INSPECTIONS & INVESTIGATIONS, DATE APPROVED, DATE DENIED, REVIEWED BY, COMMENTS AND/OR CONDITIONS OF APPROVAL, TAX YEAR, CLASS CODE, APP. FEE, TAX, PERMIT, PENALTY, ALARM PERMIT FEE, TOTAL