

CITY OF LAKEWOOD BUSINESS LICENSE

Business License Division, P.O. Box 220, Lakewood, CA 90714
 Tel: 562-866-9771 x 2622, E-mail: BusLic@Lakewoodcity.org



ANNUAL BUSINESS LICENSE APPLICATION (JULY 01- JUN 30)

****APPLICANT MAY SUBMIT NEW BUSINESS LICENSE APPLICATION IN PERSON OR BY MAIL. ADDITIONAL DEPARTMENT APPROVAL MAY BE REQUIRED****

PLEASE FILL ALL APPLICABLE ITEMS. FIELDS WITH AN ASTERISK (*) ARE REQUIRED. PLEASE PRINT CLEARLY:

Business Name/ DBA*:		Business Phone *:	Business Email Address:	
Name of Owner*:		Phone:	Email Address:	
Business Address*:	Ste./Apt.	City	State	Zip
Mailing Address (if different from above):	Ste./Apt.	City	State	Zip

Describe your Business Operations*:

Federal I.D./Last 4-digit of Social Security#*:	State Contractor No.(contractors only):	ABC License No:	Industrial Waste Permit No.:	Resale No.
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Ownership: Corporation Partnership Sole Proprietor

Type of Business*: Retail Wholesale Manufacturing Home Occupation Other: _____

No. of Employees (including self)*	Annual Gross Receipts (estimate) \$	Unit Count (Vending Machines, etc)	Other Taxable Units
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Pro-rated Fee Schedule: (Please adjust fee based on the application date)

Jul 1st – Sep 30th **Payment 100%** Oct 1st – Dec 31st **Pro-rate 90%** Jan 1st – Mar 31st **Pro-rate 60%** Apr 1st – Jun 30th **Pro-rate 30%**

NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS:

Name of Second Business Owner/Officer :	Title:	Email Address:	Phone:
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ADDITIONAL INFORMATION:

Name of Business Property Owner/Landlord (If Leased):

Address:	Telephone No.
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I DECLARE, UNDER PENALTY OF PERJURY, THE ABOVE STATEMENTS TO BE TRUE AND CORRECT.

APPLICANT NAME (Please Print)*:	TITLE:
APPLICANT SIGNATURE*:	DATE:

OFFICE USE ONLY

Business License No:	Base Rate:	\$	
Zoning:	Employee Calculations: _____ x \$5.00	\$	
CUP No.	DRB No.:	Gross Receipt Calculations:	\$
Industrial Waste Permit #:	Unit Calculations:	\$	

Department Approval: _____ Date: _____	Penalties: \$	Prorate Discount: (_____.000%)
	State Mandated Fee*: (This amount is not prorated) \$4.00	

Notes:	TOTAL TAXES DUE: \$



Requirements and Conditions

Short-Term Rental Business License

The Applicant understands and agrees to comply with the following regulations on short-term rentals (Rentals of 30 days or less) in residential zones. The Applicant further understands the City of Lakewood grants this License as a privilege based on this agreement and any failure on the part of the Applicant to abide to these regulations will cause for revocation of their Business License.

- | | <u>Initials</u> |
|---|------------------------|
| 1. Whole home rental for LESS than thirty (30) days is <u>completely prohibited.</u> | _____ |
| 2. Rental of an Accessory Dwelling Unit (ADU) for LESS than thirty (30) days is <u>completely prohibited.</u> | _____ |
| 3. Dwellings used for home-share rentals shall be occupied by the property owner. | _____ |
| 4. Parking for guests shall be provided on site. | _____ |
| 5. There shall be no parking on the public right of way by the guests. | _____ |
| 6. Home-share rental guests shall register with property owner. | _____ |
| 7. Property owner shall register for and remit Transient Occupancy Tax to City in compliance with Lakewood Municipal Code Section 6900. | _____ |
| 8. Short-Term Rental (Less than 30 days) are allowed for <u>NO MORE</u> than a collective maximum total of ninety (90) rental days and/or nights in any calendar year. | _____ |
| 9. The dwelling unit shall fully comply with all building codes and all provisions of the Lakewood Municipal Code. | _____ |

Please describe how you will respond to a nuisance complaint, including but not limited to the manner in which the owner and occupant will be notified of the problem to assure prompt response and timely corrective action.

Address	Name of Applicant
Phone Number	Signature of Applicant
Approved By	Approval Date



Transient Occupancy Tax

Registration Form

Please return completed form to: City of Lakewood · Administrative Services Department
5050 Clark Avenue, Lakewood, CA 90712
Office Hours: Monday-Thursday, 7:00 a.m. to 5:30 p.m.
Alternating Fridays, 7:00 a.m. to 5:00 p.m.
(562)866-9771 Ext. 2600

Request Type New Registration Update to Existing Registration
Type of Property Hotel/Motel Short-Term Rental

PROPERTY DETAILS

Property Name _____
Property Address _____
Number of Rooms _____
Operation Start Date _____

PROPERTY OWNER INFORMATION

Send all correspondence (including legal correspondence) to this address

Owner Name(s) _____
Mailing Address _____
Telephone Number _____
Email _____

Ownership Type Corporation Ltd Liability Sole Proprietor Partnership Trust Other:

OPERATOR/MANAGER INFORMATION - if different from Property Owner

Send all correspondence (including legal correspondence) to this address

Operator Name _____
Mailing Address _____
Telephone Number _____
Email _____

SIGNATURE

I declare under penalty of perjury that all the above information is true and correct to the best of my knowledge. By signing, I agree to comply with Lakewood Municipal Code Section 6900 and understand the City has the right to inspect all guest registration and financial records for this business to ensure compliance.

Print Name _____
Title _____
Signature _____
Date _____