CITY OF LAKEWOOD
BUSINESS LICENSE DEPARTMENT
(562) 866-9771 Extension 2622

Short-Term Vacation Rental Process
(Private Room or Shared Room Only)

Date: ________________
Owner: ____________________________________________________________

Property Address: ____________________________________________________

Telephone: __________________________________________________________________________
Email: ________________________________________________________________________________

The City of Lakewood permits short-term (less than 30 days) vacation rentals for “Private room” or “Shared room” rentals only. Whole home or “Entire place” rentals are not permitted in the City including any portion of an accessory dwelling unit (ADU). The following is a list of conditions and procedures required for short-term vacation rentals per Lakewood Municipal Code sections 6527, 6902-6915, and 9320.F.

☐ Completed business license application form ($40.00 Business License Tax + $4.00 State Fee)

☐ Completed Transient Occupancy Tax registration form (8% tax on all reservations that must be collected and remitted by the operator to the City of Lakewood quarterly)

☐ Proof of primary residence including:
  - Federal and State tax returns with owner name and property address listed
  - Mortgage documents showing property as primary residence
  - Driver’s License or State I.D. with property address listed
  - Any additional documentation if requested by the Director of Finance

☐ Completed signed and initialed “Requirements and Conditions” form

☐ Floor plan of entire property with labels that clearly state the room to be rented, room to be owner occupied, and parking spaces on property for guests

☐ Direct link to the room listing for all websites (AirBnb, VRBO, Etc.) where the property is listed. Cannot be listed as “entire place” or “whole home”. Must be listed as “private room(s)”
**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:

<table>
<thead>
<tr>
<th>Business Name/ DBA:*</th>
<th>Business Phone *:</th>
<th>Business Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Owner:*</td>
<td>Phone:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Business Address*:</td>
<td>Ste./Apt.</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zip</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>Ste./Apt.</td>
<td>City</td>
</tr>
</tbody>
</table>

Describe your Business Operations*:

<table>
<thead>
<tr>
<th>Federal I.D./Last 4-digit of Social Security#:</th>
<th>State Contractor No.(contractors only):</th>
<th>ABC License No:</th>
<th>Industrial Waste Permit No.:</th>
<th>Resale No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership: Corporation</td>
<td>Partnership</td>
<td>Sole Proprietor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Business*:</th>
<th>Retail</th>
<th>Wholesale</th>
<th>Manufacturing</th>
<th>Home Occupation</th>
<th>Other:</th>
<th>Other Taxable Units</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. of Employees (including self)*</th>
<th>Annual Gross Receipts (estimate)</th>
<th>Unit Count (Vending Machines, etc)</th>
<th>Other Taxable Units</th>
</tr>
</thead>
</table>

**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:**

<table>
<thead>
<tr>
<th>Name of Second Business Owner/Officer:</th>
<th>Title:</th>
<th>Email Address:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

**ADDITIONAL INFORMATION:**

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

Address: 
Telephone No.

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**

<table>
<thead>
<tr>
<th>Business License No:</th>
<th>Base Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoning:</td>
<td></td>
</tr>
<tr>
<td>Employee Calculations:</td>
<td>$</td>
</tr>
<tr>
<td>DRB No.:</td>
<td></td>
</tr>
<tr>
<td>Gross Receipt Calculations:</td>
<td>$</td>
</tr>
<tr>
<td>Unit Calculations:</td>
<td>$</td>
</tr>
<tr>
<td>Penalties: $</td>
<td></td>
</tr>
<tr>
<td>Prorate Discount: (_____.000%)</td>
<td></td>
</tr>
<tr>
<td>State Mandated Fee*: (This amount is not prorated)</td>
<td>$4.00</td>
</tr>
</tbody>
</table>

Notes: 
TOTAL TAXES DUE: $
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 ____________________________________________________
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.

1. Whole home rental for LESS than thirty (30) days is **completely prohibited**.
2. Rental of an Accessory Dwelling Unit (ADU) for LESS than thirty (30) days is **completely prohibited**.
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 **NO MORE** than a collective maximum total of ninety (90) rental days and/or nights in any calendar year.
10. Web listing must be a “shared room” or “private room” only. No whole home or “entire place” listings are permitted.

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

___________________________________________________

___________________________________________________

___________________________________________________

Initials

Address

Name of Applicant

Phone Number

Signature of Applicant

Approved By

Approval Date