CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT
BUSINESS SERVICES BUREAU

Request for Business Tax Review

Form Instructions

If you believe that the **Notice to Apply** was sent to you in error, please complete this form in its entirety and return it to the Business License Division. Be sure to include a contact name, phone number, and email so we may contact you if we need additional information. Your request will be reviewed, and you will receive a Notice of Determination by mail indicating the City's decision regarding the business license requirement for this entity.

Please do not include any attachments with this request, unless otherwise indicated. **This form must be received by the date specified on the notice in order to avoid imposition of penalties.**

Submit this form by email to LBBIZ@longbeach.gov or by mail to 411 W. Ocean Blvd. 6th Floor, Long Beach, CA 90802.

Responsible Party/Main Contact

NAME:	NOTICE NUMBER:
EMAIL:	PHONE:

Request Information

Please check all that apply to the entity noticed.

- ☐ This entity has filed a return with the Franchise Tax Board (FTB) as a business or trade indicating a Long Beach address.
- ☐ This entity has registered with the Secretary of State as a Corporation, LLC, LP, indicating the principal address is in Long Beach. Circle the status of the entity.
  - Active
  - Dissolved; Canceled; Converted Out; Suspended; Forfeited; Surrender; Merged Out; Expired. Indicate date on which this status was obtained. _____.
- ☐ This entity has obtained an Employer Identification Number from the IRS.
- ☐ This entity claims office deductions or business expenses for commercial or residential based businesses for a Long Beach address.
- ☐ This entity/person has received compensation on a Form 1099 for services rendered in Long Beach.
- ☐ This entity is operated, managed or controlled from a Long Beach address.
- ☐ This entity represents to the public by advertisement, business cards, business letterhead, and (or) a business phone number indicating or associated with a Long Beach address.
- ☐ The Agent for Service of Process is located in Long Beach.
- ☐ This entity uses an accountant's or an attorney's address indicating Long Beach.
- ☐ This entity is recognized as a tax-exempt organization. (Attach proof of exemption)
- ☐ This notice was sent to a W2 (salaried) employee. Please complete and return the Employee Certification form, available online at www.longbeach.gov/blcomply.
- ☐ This entity was dissolved. Must provide evidence and attach proof of dissolution.
- ☐ The following Long Beach Business License(s) have already been issued to this legal entity.

License No. _____ Expiration: _____

☐ This business does not operate in Long Beach. Please list the complete address where it operates and, where applicable, the license number for the city in which it operates. *This information will be forwarded to the city listed for their review.*

Address	City	State	Zip

☐ I do not operate any business within the City of Long Beach. I understand that I was contacted based on information provided to the City by the California Franchise Tax Board. If I would like additional information on this matter, I may contact the California Franchise Tax Board directly.

Oath

I certify that the information contained herein is complete, true, and accurate. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand any statements made herein will be verified.

PRINT NAME:	SIGNATURE:	DATE:

OFFICE USE ONLY

Date Received _____ Determination: ___ Upheld ___ Exempt Reviewer _____