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. 2nd 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.

☐ A Long Beach Business License has 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.

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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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 ___________