



KEITH KNOX

TREASURER AND TAX COLLECTOR

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE TAX-DISPOSAL FACILITIES
APPLICATION FOR REGISTRATION CERTIFICATE**

Board of Supervisors

HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

LINDSEY P. HORVATH
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

Please complete this application and return by **March 15, 20__**. If you have any questions, please call (213) 893-7984 Monday-Friday 8 am to 4 pm PT or email us at bltdf@tcc.lacounty.gov.

Company Name: _____

DBA Name (If applicable): _____

Federal Tax Identification Number: _____

State Tax Identification Number: _____

Corporate Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Situs Address: _____

City: _____ State: _____ Zip Code: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS CLAIM IS TRUE AND CORRECT.

Contact Person: _____

Signature: _____

Telephone: (____) _____ Email: _____

Please return this application to:

**LOS ANGELES COUNTY TREASURER AND TAX COLLECTOR
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 462
LOS ANGELES, CA 90012-2766**

The Los Angeles County Business License Tax – Disposal Facilities is codified in Title 4, Chapter 4.63 of the Los Angeles County Code. Refer to http://www.municode.com/library/CA/Los_Angeles_County.

For more information, please refer to the BLT-DF website at <https://tcc.lacounty.gov/disposal-facilities-business-license-tax/>.

TTC USE ONLY

Date application received: _____ Control number: _____

Approved by: _____ Date: _____