



APPLICATION FOR EXEMPTION FROM BUSINESS LICENSE TAX

Pursuant to section 1808 (D) of Lompoc City Code
 100 Civic Center Plaza ♦ P.O. Box 8001 Lompoc, CA 93438
 (805) 875-8242 ♦ FAX (805) 875-8382

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL SECTIONS. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED. PROOF OF EXEMPTION MUST BE SUBMITTED WITH THIS APPLICATION. (SEE REVERSE)

Business Name (DBA)		Business Phone		Starting Date	
Corporation Name (if different from above)				Federal ID Number	
Business Address		City	State	Zip Code	
Mailing Address (if different from above)		City	State	Zip Code	
<u>Type of Organization</u>					
<input type="checkbox"/> Church <input type="checkbox"/> Fraternal <input type="checkbox"/> Non-Profit/Charitable <input type="checkbox"/> Part-Time Artist earning less than \$2,625 annually <input type="checkbox"/> Other (explain)					
THIS SECTION MUST BE COMPLETED. THIS INFORMATION IS CONFIDENTIAL TO THE EXTENT ALLOWED BY LAW.					
To be completed by <u>each</u> owner, trustee or corporate officer. Social security number is not required if Federal ID number is listed. (Attach additional sheets if necessary.)					
Name		Title		Social Security No.	Home Phone
Home Address		City	State	Zip	Date of Birth Drivers License No.
Name		Title		Social Security No.	Home Phone
Home Address		City	State	Zip	Date of Birth Drivers License No.
Provide Complete and accurate description and purpose of proposed business operation include dates and times of solicitation, business or other:					
State Resale No.		CA Employer ID No.		State Contractor's No./Class/Expiration Date	
I declare under penalty of perjury that the information and statements contained herein are true and correct to the best of my knowledge and belief. I am aware that any violation of the Lompoc City Code will terminate the business license.					
_____		_____		_____	
Date		Signature of Owner, Trustee or Officer		Title	

 Witnessed by City Clerk or Deputy City Clerk:

Application for Exempt Business Tax (cont'd)

LCC SECTION 1808-D

EXEMPTION PROCEDURES

- A) Any person claiming an exemption pursuant to this section shall, upon request of the Collector, file a sworn statement with the Collector stating the facts upon which exemption is claimed and, in the absence of such statement substantiating the claim, such person shall be liable for the payment of the taxes imposed by this chapter.
- B) The Collector shall, upon a proper showing contained in the sworn statement, issue a business tax certificate, to such person claiming exemption under this section, without payment to the City of the business tax required by this Chapter.

THE FOLLOWING PROOF OF EXEMPTION MUST BE SUBMITTED WITH THIS APPLICATION

BANKS & FINANCIAL INSTITUTIONS

- ❖ Proof of in-lieu tax payment to the State of California. Franchise Tax Board Form 100 & Qualifying questionnaire. (*California Revenue & Taxation Code, Section 2318.*)

DISABLED VETERANS

- ❖ Proof of physically disabled honorary discharge. (*Business & Professions Code, Section 16001 & 16001.5*)

INSURANCE BROKERS/AGENTS

- ❖ Proof of in-lieu tax payment. Certificate of appointment from insurance company. (*California Constitution, Article 13, Sec. 28 (F)*).

NONPROFIT ORGANIZATIONS/ASSOCIATION/CHARITABLE INSTITUTIONS/RELIGIOUS ORGANIZATIONS

- ❖ Article of Incorporation or By-Laws
- ❖ Tax Exempt Letter from the IRS
- ❖ Tax Exempt Letter from the Franchise tax Board (*California Revenue & taxation Code, Section 23701*)

REAL ESTATE COMPANIES, BROKERS OR AGENTS.

- ❖ Proof of in-lieu tax payment to the State of California. (Form 100)