

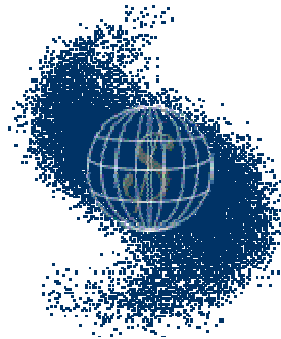
# Tradeshow

## Curriculum Guide



Richard Steele  
&  
Mark Tennyson

# Tradeshow



## Curriculum Guide

Integrating Technology in the Curriculum



Richard Steele and Mark Tennyson

Tradeshow Curriculum Guide

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*Dear Educator,*

**Welcome** to the *Tradeshow Curriculum*, a ready to use, interdisciplinary, computer curriculum. The goal of the curriculum is to teach technology skills through Project Based Learning that incorporates easily in the curriculum. This Curriculum is the result of a highly successful program pioneered for six years by the creators, Richard Steele and Mark Tennyson at Westchester Lutheran Middle School. Response to this program by both students and parents has been overwhelmingly positive. Former students regularly recount their experiences of the tradeshow when visiting the campus. The younger students start planning their businesses even before they are in eighth grade in anticipation of the project. Overall, this is a very worthwhile and rewarding experience for the students involved.

The Tradeshow is a Project Based Learning curriculum that incorporates team-building skills, community dynamics, Internet research skills, and real world scenarios. Students learn new technology skills and life skills while using word processing, spreadsheet, presentation, and database software. This guide explains all the steps for the project, and where applicable, gives examples. The curriculum is ready to use with descriptions of each step that may be reproduced for your students. While the curriculum was designed as a ten to fifteen week program with middle school students in mind, it can be easily adapted for high school or elementary grades by creating a timeline that is manageable for each grade.

Students create, develop, market, and sell a business of their own creation. Students obtain the necessary permits and licenses, create accounting records, and advertise their businesses. The culmination of the project is a New Business Tradeshow and Initial Public Offering of their businesses, followed by a five week Stock Market.

This curriculum aligns with the National Educational Technology Standards developed by the ISTE. These standards have been adopted or referenced by many states.

### Technology Foundation Standards for Students

- 1 Basic operations and concepts
  - Students demonstrate a sound understanding of the nature and operation of technology systems.
  - Students are proficient in the use of technology.
- 2 Social, ethical, and human issues
  - Students understand the ethical, cultural, and societal issues related to technology.
  - Students practice responsible use of technology systems, information, and software.
  - Students develop positive attitudes toward technology uses that support lifelong learning, collaboration, personal pursuits, and productivity.
- 3 Technology productivity tools
  - Students use technology tools to enhance learning, increase productivity, and promote creativity.
  - Students use productivity tools to collaborate in constructing technology-enhanced models, prepare publications, and produce other creative works.
- 4 Technology communications tools
  - Students use telecommunications to collaborate, publish, and interact with peers, experts, and other audiences.
  - Students use a variety of media and formats to communicate information and ideas effectively to multiple audiences.
- 5 Technology research tools
  - Students use technology to locate, evaluate, and collect information from a variety of sources.
  - Students use technology tools to process data and report results.
  - Students evaluate and select new information resources and technological innovations based on the appropriateness for specific tasks.
- 6 Technology problem-solving and decision-making tools
  - Students use technology resources for solving problems and making informed decisions.
  - Students employ technology in the development of strategies for solving problems in the real world.

# Build the Business

Product Based – Sell/Manufacture Products  
Service Based - Serve People

Students need to pick teams of three or four people for the development of the business. Teams need to decide what type of business they wish to start - product based or service based. Give examples of both businesses (product-selling products like shoes, school supplies, or apparel; service based like restaurants, food delivery, or clubs).

Next, teams choose what they are going to sell, or serve, and choose the name for the business. This is an important decision, because it will shape the perception of the business throughout the marketing phase.

After deciding on a product or service based business, Students define their roles in the company, such as CEO, Secretary, Buyer, and Financial Officer. They create a job description for themselves and enter into a contract with the teacher as to what tasks they will be expected to complete. Give the teams a budget of \$30,000 - \$40,000 per team member.

To start the businesses you need to teach the students how to use the internet to look for information for the business. This information will include the location of store, various business licensing and permit requirements, inventory, and supplies needed for the business.

## Licensing & Permit Requirements:

- Federal Employers Identification Number
- Business License
- Sellers Permit
- DBA/ Fictitious Business Name Statement
- Fire Sprinkler Permit
- Sprinkler Permit
- County Health Inspectors
- State Franchise Tax Board
- Insurance Forms
- Police Alarm Permit Application
- Tax Registration Certificate

Teams need to establish a business checking account by filling out an application. These forms can be downloaded from most bank websites or picked up at a local branch. You can also have students apply for business loans.

**Have students pitch their business plan to a local banker or parent who is in finance to see if they would give the business a loan for extra funds above the original investment.**

Teams need to scout a location for their business. You can use the internet and local papers to find listings for commercial space. Students may wish to search areas they are familiar with. Many businesses will help you if you tell them you are working on a school project. For both product and service based businesses teams will want to choose a popular location. This will allow you to generate more business through foot traffic. Since you are a starting business, the best location would probably be the one with the most reasonable lease. Once the location has been selected the teams create a rental agreement for the property.

For staffing the business teams should hire virtual employees. Teams should create an interview and application process. One possibility is to use students from other classes as potential workers. Those students create resumes and apply for jobs. (Tip: make this an assignment for another class, and have them submit their resumes to the businesses). The teams then hire these students as employees. They can even hire them to work at the tradeshow. You should work out some compensation (such as extra tradeshow money) for students from outside your teams that work on the tradeshow. The business could even pay their employees in tradeshow dollars. Teams should create a database of their employees with a wage scale. Teams should also create a work schedule for their virtual employees

Businesses need to create an inventory of their products or the supplies for their service based business. Teams can use an inventory list from a company that sells the same products as their business. Service based businesses can talk to a similar type of business to find out what their inventory is. Copy down their inventory on the spreadsheet, and divide their prices by two. This is the approximate price of that the company pays wholesale for the products they sell. All of this information should be integrated into a spreadsheet of costs for the business. The teams need to track their spending on this sheet.



Potential Costs for Retail/Manufacturing Business:

- Materials
- Packaging
- Retail space
- Display Racks
- Inventory
- Salaries
- Machinery

Potential Costs for Service-Based business

- Location
- Salaries
- Permits
- Materials (food, beverages etc.)
- Literature (menus, brochures, etc.)
- Machinery

## Make the Letter of Intent

When creating the letter of intent consider the following items:

- What you plan to do at your business.
- What you intend to promise about your establishment.
- What activities you plan to engage in.
- Document all this in your letter of intent and detail what you plan to do and what you need to do as a good business.

## Make a Mission Statement

1. Determine the objective of the business, listing its purpose and what its aim is.
2. Talk about the business, discussing its policies, features, and any other necessary information.
3. If the business has special requirements (i.e. bar or a dance club), list the rules, features, requirements for identification, etc.
4. State the guarantees of the business, including its treatment toward its customers, what it promises to do, etc.
5. Overall, describe the business setting, such as its appearance, menu, etc.
6. End the mission statement with any other essential information that doesn't fit the above guidelines.

## Developing Questions for Interviewing Employees

Begin by thinking about the different questions you would want to ask someone coming to work at your business.

Ask questions such as:

- “Why do you want to work at our business?”
- “What requirements do you have for this job?”
- “Where do you see yourself professionally in 5 years?”
- “What is your name?”
- “How old are you?”
- “Did you attend a college and if so which one?”
- “Have you ever worked at a business like this before?”

Also ask questions that are specific to the job. For example if the position requires interaction with customers, ask a question such as:

- “Do you enjoy working with people?”
- “Give an example of a time when you helped another person?”

Ask questions like this and you will have a very good interview for any job.

# Marketing & Advertising

Once the businesses have been established and the employees are hired, the businesses need to begin to advertise. There are several possibilities for advertisement. Students need to create brochures that explain about their business. These are for display and/or distribution at the trade show. Businesses may negotiate to purchase advertising space around your school. Rates should vary based on exposure. Passing out stickers and promotional items is another way to generate interest in businesses.

Each team should create a website about their business. There are many services that will give students free websites. Choose carefully to make sure that the site does not install spyware.

Each business should create a commercial. Watch commercials and point out different methods used for pitching the product. (once you have done this for a few years you can use previous student's commercials). You could also discuss endorsements as they relate to advertising as well.

**Show the commercials to the students that will be coming to the trade show as investors.**

The commercial could be done with a video camera and editing software or with presentation software such as PowerPoint. Make sure that teams include this cost in their cost analysis spreadsheets.

Cost of Advertisement:

- \$ Brochures-promotional product-actual product
- \$ Flyers-Ads-Banners-Bulletin Board
- \$ Business cards
- \$ Website development
- \$ Film & produce a commercial

# Tradeshow

Teams are developing their businesses to be sold at a new business tradeshow. The goal is to attract investors from the rest of the student body. Each student is given a fixed amount to invest in businesses. Teams each get a space to set up their “booth.” Trade show booths should be made from three panel display boards.

Businesses should promote themselves at their booth in creative ways. You should discuss strategies for increasing foot traffic to the booths. Popular methods involve raffles, product samples, and promotional giveaways. Teams should have product available for sampling if at all possible.

**Videotape the tradeshow to show to future classes and use at open house.**

You should make the tradeshow a big event. Promote it within the school and invite other classes to join you. Invite the parents to come and participate as well. You can print up tradeshow money or debit cards. Make sure that the businesses keep accurate records of their sales for the day. You will need this information

## Stock Market & Stock Holder Follow-up

The purpose of the tradeshow is to sell stocks in the businesses. Each team sets the price for their shares. The price then adjusts based on how many shares of the company are bought relative to the total volume for the entire day. This sets a baseline volume that will be used for the entire stock market. Make sure that the businesses keep accurate records of their sales for the day. You will need this information to set up the stock market. Businesses should keep their investors informed with information about the company. Follow up the tradeshow with buy and sell days. Stock holders have the opportunity to invest more money or sell off stocks that are not performing to standard. Businesses have the option to merge and issue new stock or split the stock doubling the number of available shares. All of these actions will affect the performance of the stocks.

## Taxes

After the stock market is finished, businesses need to complete their tax forms. You can get the IRS (Internal Revenue Service) forms and business tax forms off of the internet. If the teams planned their business well there should be a profit left over from the tradeshow and stock sales to pay their taxes with.

# Student Activity

You are going to create a virtual business. In teams you will create a business, follow all the steps for opening the business and marketing the business. You will be seeking investors for your business and selling shares of stock to those investors. This will take place at a tradeshow where you will market your business. Finally, you will complete a tax return for your business.

## Step 1: Create the Business

Pick teams of three or four people for the development of the business and assign jobs for each person. Each of you needs to create a job description for your position.

After assigning jobs, you need to decide if your business is going to be product based or service based. Here are some examples of both:

### **Product-based**

Retail-selling shoes, school supplies, or apparel

Manufacturing-making a product, software, or device

### **Service-based**

Serving people-restaurants, dry cleaners, dance club or food delivery

After you have chosen your business you need to name it and complete a letter of intent and enter a contract with your instructor explaining your business and your responsibilities.

## Step 2: Banking Permits and Business License

Each team has \$\_\_\_\_\_ per team member to spend on your business. You are going to need to borrow this money from a Bank. Apply for a business loan online by a going to the website of a bank in your area or going into a local branch. You either print it out online or inquire about one at the bank. Make sure that you have your Employer Identification Number handy when you are filling out your application.

For the permits and business license, your teacher can point you to websites that tell you about the necessary licenses and the permits and will provide you a list of all the permits needed. Much of the information can be found on the internet.

### Step 3: Location

Scout out the location by selecting one or two team members to look online. For both retail product-based and service based businesses, you want to be in a popular location. This is because people are there, and you will get more business from foot traffic.

Since you are a starting business, the best location would probably be the one with the most reasonable lease. Search online for retail spaces in your community. Call those places, and ask for the rental price. Then choose the one that works best for your budget. Complete a rental agreement with the landlord.

### Step 4: Staffing and Salaries

Have one team member interview people that want to work in the business. You should create interview questions to ask the applicants. Create a database of employees and their contact information.

Some examples of questions that you may ask the people who are being interviewed are:

1. How old are you?
2. Is this your first job?
3. If not, what are some of your past job experiences?
4. Did you go to college?
5. Do you have any contact people that you have worked with before?
6. Describe your strengths and weaknesses.

### Step 5: Inventory

Your business needs inventory, either to sell or to make something to sell. Create a database of everything that you will have in your business, from display racks and cases to products to sell. You should have each item



listed and how much of it you have. This will help you determine how much money you have spent.

### Step 6: Development of Tradeshow

The purpose of the tradeshow is to get investors, promote the business, and to sell stock. Make commercials and displays to show off your business at the tradeshow. Other things that you could make are brochures, flyers, banners, bulletins, and business cards. Advertise and promote your business in the days leading up to the tradeshow. Create stock certificates to give to your investors. The stock market starts the day of the tradeshow, and continues for five weeks. During that time there will be buy and sell dates.

### Step 7: Taxes

After the stock market is finished, you have to do taxes and fill out IRS (Internal Revenue Service) forms. You can get the IRS forms and business tax forms from the internet. There should be a profit left over from the tradeshow and stock sales to pay the taxes with.

---

# **Appendix A: Worksheets**

Name \_\_\_\_\_

**Stock Market: Profit or Loss Calculation work Sheet**

1. You purchased 100 shares of IBM at \$60 per share last year.
  - a. How much did you have to pay?
  - b. You want to sell the 100 shares one year later at \$99 per share. How much do you expect to receive from the sale of stock?
  - b. How much of a gain/profit or loss did you make on each share of stock?
  - c. How much of a gain/profit or loss did you make on the sale of the 100 shares of stocks?

# SHARE	X	PRICE	=	\$\$\$	
					\$ Cost to Buy
					Expect to receive
					Gain/Profit or (Loss)

2. You bought 10 shares of Creative Toys, Inc. at 30 ¼.
  - a. How much did you have to pay to buy the 10 shares of stock?
  - b. You want to sell them 6 months later for 57. How much do you expect to receive from the sale stock?
  - c. How much of a gain/profit or loss did you make on each share of stock?
  - d. How much of a gain/profit or loss did you make on the sale of 10 shares of stock?

# SHARE	X	PRICE	=	\$\$\$	
					\$ Cost to Buy
					Expect to receive
					Gain/Profit or (Loss)

**Track your Stocks from the tradeshow**

# SHARE	X	PRICE	=	\$\$\$	
					\$ Cost to Buy
					Expect to receive
					Gain/Profit or (Loss)

# SHARE	X	PRICE	=	\$\$\$	
					\$ Cost to Buy
					Expect to receive
					Gain/Profit or (Loss)

# SHARE	X	PRICE	=	\$\$\$	
					\$ Cost to Buy
					Expect to receive
					Gain/Profit or (Loss)



---

## Appendix B: Business Forms

CITY OF LOS ANGELES  
CALIFORNIA



JAMES K. HAHN  
MAYOR

(213) 473-5901  
FAX (213) 978-1548  
www.lacity.org/finance

In order to obtain the required City of Los Angeles Tax Registration Certificate(s), please complete the applicable information below. Your remittance in the amount of \$  must be made payable to OFFICE OF FINANCE, CITY OF LOS ANGELES.

LEGAL NAME:

Do not use DBA (fictitious name) here

BUSINESS TYPE (check one):\*  Individual  Partnership  Corporation

SOCIAL SECURITY NO. (SSN):

- OR - If you are **not** required to report employment taxes or give tax statements to employees.

FEDERAL EMPLOYER IDENTIFICATION NO. (FEIN):

If you **are** required to report employment taxes or give tax statements to employees.

(NOTE: SSN/FEIN is confidential - not part of public record)

BUSINESS NAME (DBA):

If different than legal name

BUSINESS ADDRESS: 

ST. NO.	FRACTION	DIRECTION	ST. NAME	ST. TYPE	UNIT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY			STATE	ZIP CODE	
<input type="text"/>			<input type="text"/>	<input type="text"/>	

Do not use P.O. Box here

C/O:

MAILING ADDRESS: 

ST. NO.	FRACTION	DIRECTION	ST. NAME	ST. TYPE	UNIT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY			STATE	ZIP CODE	
<input type="text"/>			<input type="text"/>	<input type="text"/>	

If different from Business Address - include Zip Code

DESCRIPTION OF BUSINESS:

STARTING DATE:

Month (MM) Day (DD) Year (YYYY)

(NOTE: If the starting date was prior to the current year, please submit a separate statement of gross receipts, segregated to each of the preceding three calendar years in which the business operated. SEE PAGE 2.)

For further information and computation of taxes due, please contact this office, Monday thru Friday, 8:00 A.M. to 5:00 P.M.

**SINGLE CATEGORY FILING** Effective 01-01-04, you can elect to file and pay under a single primary business tax category if at least 80% of your annual taxable gross receipts will be in a single category. If you elect to file under a single category when registering and it's later determined that you were not eligible, you will be subject to ALL applicable TAXES and LATE FEES. I ELECT TO HAVE MY PRIMARY CATEGORY AS \_\_\_\_\_

Signature

Telephone (  )  -  EXT.

Residence Address 

ST. NO.	FRACTION	DIRECTION	ST. NAME	ST. TYPE	UNIT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY			STATE	ZIP CODE	
<input type="text"/>			<input type="text"/>	<input type="text"/>	

\* If Trust Account, check which BUSINESS TYPE applies to Trust.

1. ACTIVITY

YEAR	UNLADEN WEIGHT	OR	SEATING CAPACITY	VEHICLE DAYS	NO. OF DAYS OPERATED
20 <input type="text"/>	* <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
20 <input type="text"/>	* <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
19 <input type="text"/>	* <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

2. ACTIVITY

YEAR	GROSS RECEIPTS
20 <input type="text"/>	\$ <input type="text"/>
20 <input type="text"/>	\$ <input type="text"/>
20 <input type="text"/>	\$ <input type="text"/>

3. ACTIVITY

YEAR	GROSS RECEIPTS
20 <input type="text"/>	\$ <input type="text"/>
20 <input type="text"/>	\$ <input type="text"/>
20 <input type="text"/>	\$ <input type="text"/>

4. ACTIVITY

YEAR	GROSS RECEIPTS
20 <input type="text"/>	\$ <input type="text"/>
20 <input type="text"/>	\$ <input type="text"/>
20 <input type="text"/>	\$ <input type="text"/>

SIGNATURE

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code	<b>5b</b> City, state, and ZIP code
	<b>6</b> County and state where principal business is located	
	<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustor	<b>7b</b> SSN, ITIN, or EIN

**8a Type of entity** (check only one box)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (SSN of grantor) _____
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) ▶ _____

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
-------	-----------------

**9 Reason for applying** (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

**10** Date business started or acquired (month, day, year)      **11** Closing month of accounting year

**12** First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶

**13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "-0-." . . . . . ▶

	Agricultural	Household	Other
--	--------------	-----------	-------

**14** Check **one** box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail

**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

**16a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes     No  
**Note:** If "Yes," please complete lines 16b and 16c.

**16b** If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
 Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

**16c** Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
----------------------------------------------	----------------------------	--------------

<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) (      )
	Address and ZIP code	Designee's fax number (include area code) (      )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶	Applicant's telephone number (include area code) (      )
Signature ▶	Applicant's fax number (include area code) (      )
Date ▶	



## Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> **See also the separate instructions for each line on Form SS-4.**

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-6, 8a, and 9-16c.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b (if applicable), and 9-16c.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 9, and 16a-c.
Changed type of organization	Either the legal character of the organization or its ownership changed (e.g., you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	Complete lines 1-16c (as applicable).
Purchased a going business <sup>3</sup>	Does not already have an EIN	Complete lines 1-16c (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust <sup>4</sup>	Complete lines 1-16c (as applicable).
Created a pension plan as a plan administrator <sup>5</sup>	Needs an EIN for reporting purposes	Complete lines 1, 2, 4a-6, 8a, 9, and 16a-c.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a-9, and 16a-c.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1, 3, 4a-b, 8a, 9, and 16a-c.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file <b>Form 1042</b> , Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 9, and 16a-c.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	Complete lines 1, 2, 4a-5b, 8a, 9, and 16a-c.
Is a single-member LLC	Needs an EIN to file <b>Form 8832</b> , Classification Election, for filing employment tax returns, or for state reporting purposes <sup>8</sup>	Complete lines 1-16c (as applicable).
Is an S corporation	Needs an EIN to file <b>Form 2553</b> , Election by a Small Business Corporation <sup>9</sup>	Complete lines 1-16c (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. **A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.**

<sup>2</sup> However, **do not** apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. (The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).)

<sup>3</sup> Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, IRA trusts that are required to file **Form 990-T**, Exempt Organization Business Income Tax Return, must have an EIN.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. **See Rev. Proc. 2000-12.**

<sup>7</sup> See also *Household employer* on page 4. (**Note:** State or local agencies may need an EIN for other reasons, e.g., hired employees.)

<sup>8</sup> Most LLCs **do not** need to file Form 8832. See **Limited liability company (LLC)** on page 4 for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.



OFFICE  
USE  
ONLY

P

### POLICE PERMIT APPLICATION

ALARM SYSTEM PROPRIETOR OR SUBSCRIBER

**(PLEASE TYPE OR PRINT ALL INFORMATION)**

How were you notified that a permit is required?  Other

LEGAL NAME (DO NOT ENTER FICTITIOUS NAME OR DBA HERE)

#### ALARM LOCATION

ST. NO.	FRACTION	DIRECTION	STREET NAME	ST. TYPE	ROOM OR APT. NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	CITY			STATE	ZIP CODE
E.D.	<input type="text"/>			CA	<input type="text"/>

FICTITIOUS NAME OR DBA, IF APPLICABLE

C/O

#### MAILING ADDRESS

ST. NO.	FRACTION	DIRECTION	STREET NAME	ST. TYPE	ROOM OR APT. NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	CITY			STATE	ZIP CODE
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>

ALARM COMPANY	ALARM COMPANY OPERATOR NUMBER	PHONE	EXT.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT: PLEASE SELECT APPROPRIATE STATEMENT. **CHECK ONE BOX ONLY.**

- THIS ALARM IS ON COMMERCIAL PREMISES. AN ANNUAL PERMIT FEE IS REQUIRED. NOT TO BE PRORATED.  
**(SUBMIT ELECTRONICALLY OR MAIL AND ENCLOSE CHECK WITH APPLICATION)**
- THIS ALARM IS ON RESIDENTIAL PREMISES AND IS MONITORED BY AN ALARM COMPANY OR OTHER MONITORING SERVICE. AN ANNUAL PERMIT FEE IS REQUIRED. NOT TO BE PRORATED.  
**(SUBMIT ELECTRONICALLY OR MAIL AND ENCLOSE CHECK WITH APPLICATION)**
- THIS ALARM IS ON RESIDENTIAL PREMISES. HAVING ONLY AN AUDIBLE TYPE ALARM. NOT MONITORED BY AN ALARM COMPANY OR OTHER MONITORING SERVICE. ALTHOUGH NO FEE IS REQUIRED, AN ANNUAL PERMIT IS MANDATORY.  
**(SUBMIT ELECTRONICALLY OR MAIL APPLICATION ONLY)**
- THIS ALARM IS ON PREMISES OWNED AND/OR OPERATED BY MUNICIPAL, COUNTY, STATE OR FEDERAL AUTHORITIES OR AGENCIES, OR AS EMBASSY OR CONSULAR OFFICE OR RESIDENCE. ALTHOUGH NO FEE IS REQUIRED, AN ANNUAL PERMIT IS MANDATORY. **(SUBMIT ELECTRONICALLY OR MAIL APPLICATION ONLY)**

#### PAYMENT OPTIONS: (PLEASE CHECK ONE BOX ONLY)

PLEASE PAY:

OFFICE USE ONLY

PT. DT.

PROCESSED BY:

- Check:** ENCLOSE CHECK FOR THIS AMOUNT:  
MAKE CHECKS PAYABLE AND MAIL TO:  
OFFICE OF FINANCE, CITY OF LOS ANGELES  
FILE # 55357  
LOS ANGELES, CA 90074-5357

**\*\*No Split Payments\*\***

TELEPHONE:  
(213) 368-7147

- Credit Card:**

For office use only - Auth #  Date Keyed

NOTE: AN ALARM SYSTEM PERMIT IS REQUIRED UNDER SECTION 103.206 OF THE LOS ANGELES MUNICIPAL CODE. PERMITS ISSUED BY THE OFFICE OF FINANCE ARE SUBJECT TO APPROVAL BY THE POLICE PERMIT REVIEW PANEL. YOU SHOULD IMMEDIATELY NOTIFY YOUR ALARM COMPANY OF THE PERMIT NUMBER WHEN RECEIVED FROM THE OFFICE OF FINANCE.

PHONE	EXT.	SIGNATURE OF APPLICANT OR AGENT	DATE (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRINTED NAME OF APPLICANT OR AGENT					
FIRST	M.I.	LAST	STATE	ID TYPE	ID NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Form 513.7 SECTION 103.04 OF THE LOS ANGELES MUNICIPAL CODE MAKES FALSIFICATION OF AN APPLICATION A MISDEMEANOR. (Rev. 10/04)

Sub ID:

# CITY OF LOS ANGELES - BUSINESS TAX APPLICATION

For assistance in completing this form, please contact or visit any of our offices listed on the cover letter. Completed applications should be mailed to the address noted on the reverse side.

- If you already have a Business Tax Registration Certificate: Enter the account number and complete only the legal name and signature box below, including daytime telephone number. **Tax Registration Certificate Account Number:** \_\_\_\_\_
- If you do not have a Business Tax Registration Certificate: Provide applicable information requested below including signature box and daytime telephone number. You will be billed via mail. If you prefer, you can have your tax liability calculated for you over the telephone and remit payment with this form (on reverse side) or you can visit any of our offices for assistance in registration and payment.
- If you believe you are not subject to City of Los Angeles business tax, please refer to the reverse side of this application; check appropriate box and complete applicable section. Complete signature box and return.

**Business Type** (check one):  Individual  Partnership  Corporation

**Please print or type:**

**Legal Name:** \_\_\_\_\_  
Do not use DBA (fictitious name) here

**Social Security No. (SSN) -OR- Federal Employer Identification No. (FEIN):** \_\_\_\_\_  
(NOTE: SSN/FEIN is confidential and not part of any public record)

**Business Address:** \_\_\_\_\_  
Do not use P. O. Box here  Street Address  City  State  Zip Code  
Please check appropriate box  Commercial Location  Residence

**Business Name (DBA):** \_\_\_\_\_

**Care Of (C/O):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
If different from Business Address  Street Address or P.O. Box  City  State  Zip Code

**Description of Business:** \_\_\_\_\_  
(Provide in Detail)

**Starting Date of Business:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

<b>Gross Receipts*:</b>	<b>Calendar Year 2001</b>	<b>Calendar Year 2002</b>	<b>Calendar Year 2003</b>
<u>Business activity** / Date of activity started</u>	<u>Gross Receipts</u>	<u>Gross Receipts</u>	<u>Gross Receipts</u>
a) _____	\$ _____	\$ _____	\$ _____
b) _____	\$ _____	\$ _____	\$ _____
c) _____	\$ _____	\$ _____	\$ _____

**Please Note:** A minimum business tax is due based on your business activity(ies) for the first year of operation.

\*If your business is located within the City of Los Angeles and a portion of your gross revenue is derived from outside the City, or your business is located outside the City and a portion of your gross revenue is derived from inside the City, then applicable apportionment formulas may reduce your tax liability.

\*\*Due to the large number of various business activities described under Section 21.53 to 21.197 of the Business Tax Ordinance, it is not practical to list each separately. For specific activities and rates, contact the Office of Finance or visit our website ([www.lacity.org/finance/](http://www.lacity.org/finance/)).

I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete.  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_



**A**

Your Return Mailing Address

**REGISTRAR - RECORDER / COUNTY CLERK's FILING STAMP**

Name:  
Address:  
City: State: Zip Code:

**1**  First Filing  Renewal Filing  
**Check one only**

**FICTITIOUS BUSINESS NAME STATEMENT**

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS: (Attach additional pages if required)

**2** Fictitious Business Name(s) 3.  
1.  
2. Articles of Incorporation or Organization Number (if applicable)  
AI #/ON

**3** Street Address, City & State of Principal Place of Business in California (P.O. Box alone not acceptable)

**4** Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

**4A** Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

**4B** Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

**5** This Business is conducted by: ( ) an individual ( ) a general partnership ( ) joint venture ( ) a business trust  
( ) co-partners ( ) husband and wife ( ) a corporation ( ) a limited partnership  
(check one only) ( ) an unincorporated association other than a partnership ( ) a limited liability company ( ) \_\_\_\_\_  
Other

**6** ( ) The registrant commenced to transact business under the fictitious business name or names listed on (Date): \_\_\_\_\_  
( ) Registrant has not yet begun to transact business under the fictitious business name or names listed herein.

**7** **I declare that all information in this statement is true and correct.**  
**(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)**

**8** **Signature of Registrant(s)**  
\_\_\_\_\_  
Signature type/print name  
\_\_\_\_\_  
Signature type/print name  
\_\_\_\_\_  
Signature type/print name  
\_\_\_\_\_  
Signature type/print name

**8A** **If Registrant is a CORPORATION or LLC, sign below**  
\_\_\_\_\_  
Corporation Name / Limited Liability Company  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Type or Print Name

This statement was filed with the County Clerk of LOS ANGELES County on date indicated by file stamp above.

**NOTICE - THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO THAT DATE.** The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (See Section 14411 et seq., Business and Professions Code)

**A**

Your Return Mailing Address

REGISTRAR - RECORDER / COUNTY CLERK's FILING STAMP

Name:  
Address:  
City: State: Zip Code:

**COPY** of Document Recorded  
\_\_\_\_\_  
Has not been compared with original.  
Original will be returned when  
processing has been completed.  
LOS ANGELES COUNTY REGISTRAR-RECORDER

**1**  First Filing  Renewal Filing  
Check one only

**FICTITIOUS BUSINESS NAME STATEMENT**

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS: (Attach additional pages if required)

**2** Fictitious Business Name(s) 3.  
1.  
2. Articles of Incorporation or Organization Number (if applicable)  
AI #/ON

**3** Street Address, City & State of Principal Place of Business in California (P.O. Box alone not acceptable)

**4** Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)  
Residence Street Address (P.O. Box not accepted) City State Zip Code

**4A** Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)  
Residence Street Address (P.O. Box not accepted) City State Zip Code

**4B** Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)  
Residence Street Address (P.O. Box not accepted) City State Zip Code

**5** This Business is conducted by: ( ) an individual ( ) a general partnership ( ) joint venture ( ) a business trust  
( ) co-partners ( ) husband and wife ( ) a corporation ( ) a limited partnership  
(check one only) ( ) an unincorporated association other than a partnership ( ) a limited liability company ( ) \_\_\_\_\_  
Other

**6** ( ) The registrant commenced to transact business under the fictitious business name or names listed on (Date): \_\_\_\_\_  
( ) Registrant has not yet begun to transact business under the fictitious business name or names listed herein.

**7** I declare that all information in this statement is true and correct.  
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

**8** Signature of Registrant(s)  
\_\_\_\_\_  
Signature type/print name  
\_\_\_\_\_  
Signature type/print name  
\_\_\_\_\_  
Signature type/print name  
\_\_\_\_\_  
Signature type/print name

**8A** If Registrant is a CORPORATION or LLC, sign below  
\_\_\_\_\_  
Corporation Name / Limited Liability Company  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Type or Print Name

This statement was filed with the County Clerk of LOS ANGELES County on date indicated by file stamp above.

**NOTICE - THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO THAT DATE.** The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (See Section 14411 et seq., Business and Professions Code)

## INSTRUCTIONS FOR COMPLETION OF STATEMENT

Type or carefully print in ink

**Box A.** Insert the name and address of the person who should receive this original and certified copy.

**Box 1.** Check one box only.

**Box 2.** Insert exact name of business. If you are registering more than one business located at the same address, number each name entered.

**Box 3.** Insert street address of principle place of business (Post Office Boxes are not acceptable).

**Box 4.** Registrants: list each owner or partner and his/her residence address separately (Post Office Boxes are not acceptable). If the owner is a corporation insert the name of the corporation and the business address. Do not list stockholders or officers of the corporation. If a business name or a registrant's name includes the words Corporation, Incorporated, or Inc., Limited Liability Company (whether using the complete words or abbreviations LLC and Co.) or LLC or LC, the County Clerk of Los Angeles requires either a certified copy of the Articles of Incorporation or Organization.

**Box 5.** Check one item which best describes who is conducting business.

**Box 6.** Have you started doing business? If yes, check the first box and enter the date you started. If not, check the bottom box ONLY.

**Box 7.** Please read before signing.

**Box 8.** Signatures are required as follows ( ) Individual - the individual ( ) Partnership or other association of other persons - A general partner ( ) Joint Venture - All parties of the joint venture ( ) Business Trust - A trustee ( ) Co Partners - All partners ( ) Husband and wife - both ( ) Limited partnership - one partner.

**Box 8A. Corporation/Limited Liability Co.** - An officer must sign, state the title, and attach a copy of the Articles of Incorporation or Organization.

## CALIFORNIA BUSINESS AND PROFESSIONS CODE

### SECTION 14411, 14412 - TRADE NAME REGISTRATION

The filing of any fictitious business name statement by a person required to file such statement shall establish a rebuttable presumption that the registrant has the exclusive right to use the fictitious business name as a trade name as well as any confusingly similar trade name, in the county in which the statement is filed, if the registrant is the first to file such a statement containing the fictitious business name in the county. The rebuttable presumption shall be applicable until the statement is abandoned or otherwise expires and no new statement has been filed by the registrant.

### SECTION 17900 -

(a) - as used in this chapter, 'fictitious business name' means:

(1) In the case of an individual, a name that does not include the surname of the individual or a name that suggests the existence of additional owners.

(2) In the case of a partnership or other association of persons, other than a limited partnership which has filed a certificate of limited partnership with the Secretary of State pursuant to Section 15621 of the Corporations Code, a name that does not include the surname of each general partner or a name that suggests the existence of additional owners.

(3) In the case of a corporation, any name other than the corporate name stated in its articles of incorporation.

(4) In the case of a limited partnership which has filed a certificate of limited partnership with the Secretary of State pursuant to Section 15621 of the Corporations Code and in the case of a foreign limited partnership which has filed an application for registration with the Secretary of State pursuant to Section 15621 of the Corporations Code, any name other than the name of the limited partnership as on file with the Secretary of State.

(b) A name that suggests the existence of additional owners within the meaning of subdivision (a) is one which includes such words as 'Company', '& Company', 'Son', '& Associates', 'Brothers', and the like, but not words that merely describe the business being conducted.

**SECTION 17910** - Every person who regularly transacts business in this state for profit under a fictitious business name shall:

(a) File a fictitious business name statement in accordance with this chapter not later than 40 days from the time he commences to transact such business; and

(b) File a new statement in accordance with this chapter on or before the date of expiration of the statement on file.

### SECTION 17910.5 -

(a) No person shall adopt any fictitious business name which includes 'Corporation, 'Corp,' 'Incorporated,' or 'Inc,' unless such person is a corporation organized pursuant to the laws of this state or some other jurisdiction.

(b) No person shall adopt any Fictitious Business Name which includes "Limited Liability Company" (whether using the complete words or the abbreviations "LTD and Co." or either of them) or "LLC" or "LC" unless such a person is a Limited Company organized pursuant to the laws of this state or some other jurisdiction.

### SECTION 17917 -

(a) Within 30 days after a fictitious business name statement has been filed pursuant to this chapter, the registrant shall cause a statement in the form prescribed by subdivision (a) of Section 17913 to be published pursuant to Government Code Section 6064 in a newspaper of general circulation in the county in which the principal place of business of the registrant is located or, if there is no such newspaper in that county, then in a newspaper of general circulation in an adjoining county. If the registrant does not have a place of business in this state, the notice shall be published in a newspaper of general circulation in Sacramento County.

(b) Subject to the requirements of subdivision (a), the newspaper selected for the publication of the statement should be one that circulates in the area where the business is to be conducted.

(c) If a refiling is required because the prior statement has expired, the refiling need not be published unless there has been a change in the information required in the expired statement, provided the refiling is filed within 40 days of the date the statement expires.

(d) An affidavit showing the publication of the statement shall be filed with the county clerk within 30 days after the completion of the publication.

### SECTION 17920. Expiration of statement

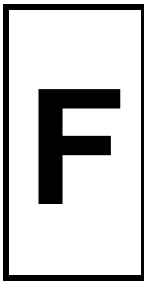
(a) Unless the statement expires earlier under subdivision (b) or (c), a fictitious business name statement expires five years from the date it was filed in the office of the county clerk.

(b) Except as provided in Section 17923, a fictitious business name statement expires 40 days after any change in the facts set forth in the statement pursuant to Section 17913, except that a change in the residence of an individual, a general partner or trustee does not cause the statement to expire.

(c) A fictitious business name statement expires when registrant files a statement of abandonment of the fictitious business name described in the statement.

**SECTION 17930** - Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000).

**\*NOTE:** It is your responsibility not to file the same name or one confusingly similar to one already registered on the County FBN Index of Secretary of State Corporate Index. We suggest you search available records before filing.



**www.ladbs.org**  
**(888) LA4-BUILD** (in L.A. County)  
**(213) 482-0000** (outside L.A. County)

## Application for Fire Sprinkler Permit or Fire Sprinkler Plan Check

For Office Use Only	
Customer Name:	Q-Matic #:
PCIS #:	- -

Project Address	City	Zip	Unit No.
Cross Street:			

<b>Work Description</b> (briefly describe the scope of work):	Check one:	Check one:
	<input type="checkbox"/> House/Duplex <input type="checkbox"/> Apartment, Condo, Commercial, Hotel, Motel	<input type="checkbox"/> Low rise <input type="checkbox"/> High rise

Applicant's Name	Number & Street Name	City & Zip Code	Phone Number
------------------	----------------------	-----------------	--------------

Property Owner's Name	Number & Street Name	City & Zip Code	Phone Number
-----------------------	----------------------	-----------------	--------------

Contractor's Name	Number & Street Name	City & Zip Code	Phone Number
City of Los Angeles Business Tax Registration Certification	State License #	Class	
Worker's Compensation Carrier	Policy #	Expiration Date	

Engineer's / Architect's Name	Number & Street Name	City & Zip Code	Phone Number
State License #	Expiration Date		

<b>Application Processing Information</b>
OK for Cashier: _____ Date: _____

<b>For Cashier's Use Only</b>

Permit Fee - Subtotal	
Permit Issuing Fee	
Permit Supp. Issuing Fee	
Permit Investigation Fee	
Plan Check Fee - Subtotal	
Additional Plan Check Hours	
Off - Hour Plan Check	



## List of Equipment

**Please enter the number of items in each box below. Leave blank if not applicable.**

### System and Devices

Add/Replace Valves/Dev. <input style="width: 100%; height: 20px;" type="text"/> Fire Pump (II/H) - Install	Backflow Device <= 2 <input style="width: 100%; height: 20px;" type="text"/> Fire Pump (III/Fire Sprinkler)	Backflow Device > 2 <input style="width: 100%; height: 20px;" type="text"/> Hydrant	Cap Standpipe <input style="width: 100%; height: 20px;" type="text"/> Lower Fire Sprinkler Head
<input style="width: 100%; height: 20px;" type="text"/> New Sprinkler Head	<input style="width: 100%; height: 20px;" type="text"/> Replace Sprinkler Head	<input style="width: 100%; height: 20px;" type="text"/> Standpipe (I) Flush, Risers	<input style="width: 100%; height: 20px;" type="text"/> Standpipe Outlets (I,II,III,H)
<input style="width: 100%; height: 20px;" type="text"/> Standpipe Outlet W/Regulator	<input style="width: 100%; height: 20px;" type="text"/> Storage Tank	<input style="width: 100%; height: 20px;" type="text"/> Underground Piping	<input style="width: 100%; height: 20px;" type="text"/> Water Press. Regulator
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

### Miscellaneous

Change of Address <input style="width: 100%; height: 20px;" type="text"/> Fire Pump (II/H) Additional Test	Extra Trip <input style="width: 100%; height: 20px;" type="text"/> Fire Pump (II/H) Original Test	Misc. Permit <input style="width: 100%; height: 20px;" type="text"/> Fire Pump (III/Fire Sprinkler) Additional Test	Transfer of Permit <sup>(1)</sup> <input style="width: 100%; height: 20px;" type="text"/> Fire Pump (III/Fire Sprinkler) Original Test
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

### Plan Check Items

Hydraulic Calcs Fire Pump Hi-Rise <input style="width: 100%; height: 20px;" type="text"/>	Hydraulic Calcs Standpipe System 2 1/2" <input style="width: 100%; height: 20px;" type="text"/>
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

**NOTE:** (1) For change of contractor, check the "Transfer of Permit" box.

**ANTOINETTE CHRISTOVALE**  
DIRECTOR OF FINANCE

**CITY OF LOS ANGELES**  
CALIFORNIA



JAMES K. HAHN  
MAYOR

**OFFICE OF FINANCE**  
TAX AND PERMIT DIVISION  
CITY HALL  
201 NO. MAIN ST., ROOM 101  
LOS ANGELES, CA 90012-5701

(213) 626-9271  
FAX (213) 978-1548

**EMPLOYEE CERTIFICATION**

I \_\_\_\_\_ certify that I am currently employed by  
(Name of Employee)

\_\_\_\_\_  
(Name of Employer)

\_\_\_\_\_  
(Employer's Address)

\_\_\_\_\_  
(Telephone Number)

as an employee, as defined in Section 21.00 (Definitions), subsection (k), Los Angeles Municipal Code, and therefore I am not subject to payment of City of Los Angeles business taxes as required under Section 21.03 L.A.M.C.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

Please attach a signed statement from your employer on his or her letterhead, which includes the following information.

I certify that \_\_\_\_\_  
(Employee Name)

is my employee, based on Section 21.00 (Definitions), Subsection (k), Los Angeles Municipal Code, which I have reviewed, and therefore not subject to payment of business taxes.

Please return this form and employer's certification to:

Office of Finance  
Tax and Permit Division  
201 North Main Street  
Room 101  
Los Angeles, CA 90012  
Attn: \_\_\_\_\_

If you have any questions, you may call or visit any one of the offices listed on the reverse of this certification.

Main Office	201 No. Main St.	Rm. 101	(213) 368-7000	Open Mon. through Fri.	8AM to 5PM
Van Nuys Branch office	6262 Van Nuys Blvd	Suite 110	(818) 374-6850	Open Mon. through Fri.	8AM to 5PM
West Los Angeles	1828 Sawtelle Blvd.	Rm. 102	(310) 575-8888	Open Mon. through Fri.	8AM to 5PM
Hollywood	6501 Fountain Ave.		(213) 485-3935	Open Mon. through Fri.	8AM to 5PM
San Pedro	638 S. Beacon St.	Rm. 211	(310) 732-4537	Open Mon. Wed., & Fri.	7:30AM to 12PM 1PM to 4:30 PM
Westchester Municipal Bldg.	7166 W. Manchester Ave.	Rm. 9	(213) 473-6750	Open Tues., & Thurs.	8AM to 12 PM 1PM to 4:30 PM
Watts Civic Center Bldg.	10221 Compton Ave.	Rm. 202	(213) 473-5109	Open Tues., & Thurs.	1PM to 4:30 PM

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## Appendix C: Tax Forms





## Computation of Estimated Tax

### Worksheet I Exception A — Prior Year's Tax

1	Taxable income expected during this taxable year . . . . .	1	
2	R&TC Section 23802(e) deduction, S corporations only . . . . .	2	
3	Net income. Subtract line 2 from line 1 . . . . .	3	
4	Tax. Multiply line 3 by the current tax rate. See General Information C . . . . .	4	
5	Tax credits . . . . .	5	
6	Subtract line 5 from line 4. (Not less than minimum tax, if applicable.) . . . . .	6	
7	Other taxes. See instructions . . . . .	7	
8	Total tax. Add line 6 and line 7 . . . . .	8	
9	Enter the tax shown on the corporation's 2002 tax return . . . . .	9	
10	Enter the smaller of line 8 or line 9 . . . . .	10	

		(1) 25%	(2) 50%	(3) 75%	(4) 100%
11	Multiply line 10 by the percentage shown in column 1 through column 4. Large corporations, see instructions . . . . .	(not less than min.)			
12	Total payment amount. See instructions . . . . .				
13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .				

**Note to large corporations:** To meet the exception by paying prior year's tax for the first estimate installment and paying the reduction in the first estimate installment with the second estimate installment, the corporation must have paid the amounts in line 11, column (1) and column (2).

### Worksheet II Exception B — Annualized Current Year Income

		(1)	(2)	(3)	(4)
1	Annualization periods. See instructions . . . . .				
2	Enter taxable income for each annualization period . . . . .				
3	Annualization amounts. See instructions . . . . .				
4	<b>a</b> Annualized taxable income. Multiply line 2 by line 3 . . . . .				
	<b>b</b> R&TC Section 23802(e) deduction, S corporations only . . . . .				
	<b>c</b> Net income. Subtract line 4b from line 4a . . . . .				
5	Tax. Multiply line 4c by the current tax rate . . . . .				
6	Tax credits for each payment period . . . . .				
7	Subtract line 6 from line 5. (Not less than minimum tax, if applicable) . . . . .				
8	Other taxes. See instructions . . . . .				
9	Total tax. Add line 7 and line 8 . . . . .				
10	Applicable percentage . . . . .	25%	50%	75%	100%
11	Multiply line 9 by line 10 . . . . .				
12	Total payments. See instructions . . . . .				
13	Annualized current year income installments. Subtract line 12 from line 11. If zero or less, enter -0- . . . . .				

### Worksheet III Exception C — Annualized Seasonal Income

		(1)	(2)	(3)	(4)
	<i>(Use this method only if the base period percentage for any six consecutive months is at least 70%. See instructions.)</i>	First 3 months	First 5 months	First 8 months	First 11 months
14	Enter the taxable income for the following periods:				
	<b>a</b> Tax year beginning in 2000 . . . . .				
	<b>b</b> Tax year beginning in 2001 . . . . .				
	<b>c</b> Tax year beginning in 2002 . . . . .				
15	Enter taxable income for each period for the tax year beginning in 2003 . . . . .				
16	Enter the taxable income for the following periods:	First 4 months	First 6 months	First 9 months	Entire year
	<b>a</b> Tax year beginning in 2000 . . . . .				
	<b>b</b> Tax year beginning in 2001 . . . . .				
	<b>c</b> Tax year beginning in 2002 . . . . .				
17	Divide the amount in each column on line 14a by the amount in column (4) on line 16a . . . . .				
18	Divide the amount in each column on line 14b by the amount in column (4) on line 16b . . . . .				

<b>Worksheet III Exception C — Annualized Seasonal Income (continued)</b>	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
<b>19</b> Divide the amount in each column on line 14c by the amount in column (4) on line 16c .....				
<b>20</b> Add line 17 through line 19 .....				
<b>21</b> Divide line 20 by 3 .....				
<b>22 a</b> Divide line 15 by line 21 .....				
<b>b</b> R&TC Section 23802(e) deduction, S corporations only .....				
<b>c</b> Net income. Subtract line 22b from line 22a .....				
<b>23</b> Tax. Multiply line 22c by the current tax rate .....				
<b>24</b> Divide the amount in column (1) through column (3) on line 16a by the amount in column (4) on line 16a .....				
<b>25</b> Divide the amount in column (1) through column (3) on line 16b by the amount in column (4) on line 16b .....				
<b>26</b> Divide the amount in column (1) through column (3) on line 16c by the amount in column (4) on line 16c .....				
<b>27</b> Add line 24 through line 26 .....				
<b>28</b> Divide line 27 by 3 .....				
<b>29</b> Multiply the amount in column (1) through column (3) of line 23 by the amount in the corresponding column of line 28. In column (4), enter the amount from line 23, column (4) .....				
<b>30</b> Tax credit for each payment period .....				
<b>31</b> Subtract line 30 from line 29. (Not less than minimum tax, if applicable) .....				
<b>32</b> Other taxes. See instructions .....				
<b>33</b> Total tax. Add line 31 and line 32 .....				
<b>34</b> Total payments. See instructions .....				
<b>35</b> Adjusted seasonal installments. Subtract line 34 from line 33. If zero or less, enter -0- .....				

<b>Worksheet IV — Required Installments</b>	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
<b>36</b> If only Worksheet II, Exception B or Worksheet III, Exception C are completed enter the amount in each column from line 13 or line 35. If both Worksheet II and Worksheet III are completed, enter the <b>smaller</b> of the amounts in each column from line 13 or line 35 .....				
<b>37</b> Enter the amount from Worksheet I, line 13 .....				
<b>38 Required installments.</b> Enter the smaller of line 36 or line 37. Enter the required installment amount on the appropriate voucher for each installment payment .....				

**Accounting Period Less Than 12 Months (Short Period) —** Fiscal year corporations, adjust dates accordingly.

If taxable year (calendar year) begins:	Number of Installments Due	Percentage of Estimated Tax Due On or Before			
		April 15	June 16	September 15	December 15
January 1 through January 16	4	25%	50%	75%	100%
January 17 through March 16	3		33 1/3%	66 2/3%	100%
March 17 through June 15	2			50%	100%
June 16 through September 15	1				100%
September 16 through December 31	None				



2003 California Corporation Franchise or Income Tax Return

For calendar year 2003 or fiscal year beginning month day year 2003, and ending month day year 20. California corporation number Federal employer identification number (FEIN) Corporation name Address including Suite or Room no. City State ZIP Code

Table with 4 main sections: State Adjustments (lines 1-18), CA Net Income (lines 19-23), Taxes (lines 24-31), and Payments (lines 32-36). Includes sub-sections for Refund - Direct Deposit of Refund or Amount Due (lines 37-43).



**Schedule A Taxes Deducted.** Use additional sheet(s) if necessary.

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount

**Total.** Enter total of column (c) on Schedule F, line 17, and amounts in column (d) on Side 1, line 2 or line 3

**Schedule F Computation of Net Income.** See instructions.

	1 a) Gross receipts or gross sales _____ b) Less returns and allowance _____ c) Balance ●		1c	
<b>Income</b>	2	Cost of goods sold. Attach federal Schedule A (California Schedule V) ●	2	
	3	Gross profit. Subtract line 2 from line 1c ●	3	
	4	Dividends. Attach federal Schedule C, California Schedule H (100) ●	4	
	5 a	Interest on obligations of the United States and U.S. instrumentalities ●	5a	
		b Other interest. Attach schedule ●	5b	
	6	Gross rents ●	6	
	7	Gross royalties ●	7	
	8	Capital gain net income. Attach federal Schedule D (California Schedule D) ●	8	
	9	Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1) ●	9	
	10	Other income (loss). Attach schedule ●	10	
	11	<b>Total income.</b> Add line 3 through line 10 ●	11	
<b>Deductions</b>	12	Compensation of officers. Attach federal Schedule E or equivalent schedule ●	12	
	13	Salaries and wages (not deducted elsewhere) ●	13	
	14	Repairs ●	14	
	15	Bad debts ●	15	
	16	Rents ●	16	
	17	Taxes (California Schedule A) ●	17	
	18	Interest. Attach schedule ●	18	
	19	Contributions. Attach schedule ●	19	
	20	Depreciation. Attach federal Form 4562 and FTB 3885 ●	20	
	21	Less depreciation claimed elsewhere on return ●	21a	
			21b	
	22	Depletion. Attach schedule ●	22	
	23	Advertising ●	23	
	24	Pension, profit-sharing, etc., plans ●	24	
	25	Employee benefit plans ●	25	
	26 a	Total travel and entertainment _____ b) Deductible amounts ●	26b	
	27	Other deductions. Attach schedule ●	27	
	28	Specific deduction for 23701r or 23701t organizations. See instructions ●	28	
	29	<b>Total deductions.</b> Add line 12 through line 28 ●	29	
30	<b>Net income before state adjustments.</b> Subtract line 29 from line 11. Enter here and on Side 1, line 1 ●	30		

**Schedule V Cost of Goods Sold**

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor ●	3	
4 a	Additional IRC Section 263A costs. Attach schedule ●	4a	
	b Other costs. Attach schedule ●	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Schedule F, line 2	7	

Method of inventory valuation ► \_\_\_\_\_

Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation ...  Yes  No

Enter California seller's permit number, if any ► \_\_\_\_\_

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 .....

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO \_\_\_\_\_

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? ..... ●  Yes  No