



Financial Services

415 Diamond Street, P.O Box 270  
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## APPLICATION OR WAIVER OF BUSINESS LICENSE TAX

Pursuant to Section 6-1.08(c) of the Redondo Beach Municipal Code

### Instructions

- **Complete and return this application** to [blmail@redondo.org](mailto:blmail@redondo.org)
- **Please submit** waiver request **four weeks prior to event date** to provide for sufficient time to place on the City Council Agenda for consideration.
- Please contact [blmail@redondo.org](mailto:blmail@redondo.org) or at the phone number listed in the form heading with questions.

### Section 1: Applicant Information

Organization or Individual Business Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Organization or Individual Business Address: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address \_\_\_\_\_

(If Different from Organization or Individual Business Address)

Applicant's Name \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Relationship to Organization or Individual Business: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe Business or Activity for which wavier is requested: \_\_\_\_\_

\_\_\_\_\_  
Date(s) of the Event: \_\_\_\_\_

Event Hours: \_\_\_\_\_

Location Address of the Event: \_\_\_\_\_

Organization or Individual Business website: \_\_\_\_\_



**Section 2: Waiver Request Statement**

I request a waiver from the business license requirements as specified in Redondo Beach Municipal Code 6-1.08(c).

**Section 3: Community Benefit Overview**

Describe how your business or organization benefits the community, including charitable activities, community service programs, educational initiatives, and job fairs. Attach additional documentation as needed.

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**Section 4: Compliance with all Laws**

I shall comply with all applicable federal, state, and local laws, ordinances, and regulations related to this application.

**Section 5: Supporting Documentation**

Include any relevant supporting documents, such as evidence of business ownership or position, proof of community recognition, letters of support, or documentation of community benefits. If a food vendor please provide a copy of the Public Health Permit or License, evidencing certification that the vendor is in compliance with the Los Angeles County Department of Public Health requirements.

**Section 6: Duration of the Business License Waiver**

Any business license wavier approved by City Council pursuant to this application shall only be for a short term, extending from \_\_\_\_\_ to \_\_\_\_\_.

**Section 7: Signature and Acknowledgment**

I declare under penalty of perjury that I am authorized to make this statement and that the information provided is complete and accurate to the best of my knowledge. I understand the City Council will make the final decision on this waiver request.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_