



City of El Segundo
 Business License Division
 350 Main St
 El Segundo, CA 90407-2200

BUSINESS LICENSE PAYMENT PLAN REQUEST

Phone: (310) 524-2317
 Email: taxinquiries@elsegundo.org
www.elsegundo.org

OFFICIAL USE ONLY	
BL #:	

Complete this form if you are unable to pay your tax debt immediately. Upon approval, you will make monthly payments through an installment agreement. If the payment plan is adhered to, no additional penalties or interest will be assessed.

BUSINESS ENTITY INFORMATION

Legal Business Name:		
DBA:		
Business Physical Address:		
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i>
Business Mailing Address:		
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i>
Business Phone:	Email:	Fax:

REQUESTED PAYMENT TERMS

The City of El Segundo may offer you a payment plan, which does not negate your responsibility to pay all taxes and penalties. The payment plan can be for a period of up to six (6) months.

Preferred Payment Dates	<input type="checkbox"/> 1st	15th	<input type="checkbox"/> 31st	Other (Specify):
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Enter the amount of payment you are making with this request: \$ _____

REASON FOR REQUEST

DECLARATION AND SIGNATURE

I declare, under penalty of making a false declaration, that I am authorized to make this request and to the best of my knowledge and belief the statements made herein are true, correct, complete and made in good faith. In the event a payment plan is offered, I will review and attest that I agree to the terms and conditions for an extended payment plan for outstanding business license tax, penalties and assessments as stated in the offer letter. Furthermore, I agree to make monthly installment payments no later than the date(s) stated.

_____ <i>Printed Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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SUBMISSION REQUEST

Please email this form back to: **TAXINQUIRIES@ELSEGUNDO.ORG**

You can also mail this form to:

CITY OF EL SEGUNDO
 BUSINESS LICENSE DIVISION
 350 MAIN ST
 EL SEGUNDO, CA 90245