



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

# BUSINESS LICENSE PENALTY WAIVER REQUEST

Phone: (310) 524-2317  
 Email: [taxinquiries@elsegundo.org](mailto:taxinquiries@elsegundo.org)  
[www.elsegundo.org](http://www.elsegundo.org)

Complete this form to request a reduction of penalty assessed.

## BUSINESS ENTITY INFORMATION

Legal Business Name/DBA:						
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:			Business License #:		

## PENALTY INFORMATION

Fiscal Year:	Penalty Amount:
<i>From:</i> _____ <i>To:</i> _____	\$ _____

## REASON FOR REQUEST

Payment was mailed on or before FEBRUARY 31st the year in which it was due.

*Please attach one of the following as proof: USPS, FedEx, UPS or any other courier service confirmation substantiating the renewal and payment were sent on or before the FEBRUARY 31<sup>st</sup> deadline.*

Other: (Attach extra sheets, if needed and any supporting documents to substantiate your claim.)

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## 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.

\_\_\_\_\_

*Printed Name* *Signature* *Date*

## OFFICE USE ONLY

Outstanding Balance Owed: \$ _____	Penalty Amount: \$ _____
<input type="checkbox"/> Approved: _____	<input type="checkbox"/> Full Waiver
	<input type="checkbox"/> Partial Waiver
	Adjustment Amount: _____
	Adjustment Date: _____
<input type="checkbox"/> Denied: _____	Reason: _____