Exhibit 15

Business Tax Registration Certificate

The City of Los Angeles requires all firms and individuals doing business within the City of Los Angeles to obtain the necessary Tax Registration Certificate(s) and pay City business taxes. All firms and individuals that conduct business with the City of Los Angeles will be required to provide a Business Tax Registration Certificate (BTRC) number or an exemption number as proof of compliance with the City's business tax requirements in order to receive payment for goods or services. To register for a BTRC, go to the Office of Finance website at http://finance.lacity.org/.

INSTRUCTIONS

If a Proposer is recommended for award of a contract but does not have a valid BTRC prior to the award of the contract, the Proposer **MUST** apply and obtain a BTRC number from the Office of Finance and submit one of the following.

- Copy of your City of Los Angeles "Business Tax Registration Certificate"
- Copy of your completed City of Los Angeles "Application for Tax Registration Certificate" or Vendor Registration Number, or
- Copy of your City of Los Angeles "Business Tax and/or Carnival Police Permit Exemption Application"

The BTRC is not required with the Response and need not be provided with the Response.

BUSINESS TAX APPLICATION

The following information is subject to disclosure

Business Type (Check One): ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Trust

Please print or type

Legal Name: _____

(Do not use DBA here)

Starting Date of business in the City of Los Angeles (MO/DAY/YEAR): _____

Business Address: _____

(Do not use P.O. Box here)

City: _____ State: _____ Zip: _____

Is this a residential address? ☐ YES ☐ NO (Check One)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is this a residential address? ☐ YES ☐ NO (Check One)

Care of (C/O): _____

Doing Business As (DBA): _____

Do you sell tobacco products? ☐ YES ☐ NO

If YES, you must fill out a Tobacco Retailer's Permit Application

Social Security Number (SSN) – OR – Federal Employer Identification Number (FEIN): _____

Sales Tax Number (Seller's Permit): _____

Description of Business: _____

_____

Business Contact Person: _____ **Title:** _____

Email Address: _____ **Phone Number:** _____

Gross Receipts: *(If your business began prior to this year, please complete the information below)*

Calendar Year:	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Gross Receipts:								

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

I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IN THIS FORM IS TRUE, CORRECT AND COMPLETE.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

EMAIL _____ PHONE NUMBER _____

PLEASE RETURN SIGNED FORM TO: FINANCE.CUSTOMERSERVICE@LACITY.ORG OR
MAIL TO: OFFICE OF FINANCE, SPECIAL DESK UNIT, 200 N. SPRING ST. ROOM 101, LOS ANGELES, CA 90012
FOR FURTHER INFORMATION, PLEASE VISIT OUR WEBSITE: https://finance.lacity.gov