

APPLICATION FOR PAYMENT PLAN

This application is a request for a payment plan for business license, health, and other city bills (excluding parking citations and utilities) under the Flexible Payment Plan Program. All fields must be completed.

For questions about the program, or support in filling out this application, please contact us via email at FM-CityCollections@longbeach.gov or call (562) 570-7600.

Full Name:	
Business Name:	
Full Address: <i>(include city, state, and zip code)</i>	
Phone Number: <i>(include area code)</i>	
Email Address:	
Driver's License / ID #:	
Account #: <i>(located on your bill/notice)</i>	

Terms & Conditions

- There is no application fee or fee for the payment plan.
- The plan requires minimum monthly payments based on the total amount included in the payment plan, up to an 18-month term.
- Enrollment in the payment plan waives late fees and penalties, subject to meeting the terms and conditions of the program.
- There is no penalty for paying off the balance prior to the expiration of the payment period.
- A one-time 45-day extension for late payments is available.
- Plan cancellation and restoration of penalties and charges will occur if payments are not made timely and after a one-time extension or full payment is not made by the end of the payment plan.
- Returned payments may result in payment plan cancellation.
- A payment plan, once cancelled, cannot be reestablished for the same bills/fees. Extensions and revisions to an outstanding plan are also not available.

I certify, under penalty of perjury, that all statements and information are true and correct. Any false or incomplete information may result in the cancellation of my payment plan. I further certify that by completing and submitting this electronic application, I am claiming financial hardship.

Signature: _____

Date: _____

Please return this form to:

City of Long Beach, Commercial Services Collections Section, P.O. Box 630, Long Beach, CA 90842

Email: FM-CityCollections@longbeach.gov