

**BUSINESS LICENSE
 PAYMENT PLAN REQUEST**

OFFICIAL USE ONLY	
BL #	
<i>Date Stamp</i>	

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 Santa Monica 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 for amounts under \$25,000.00 or one (1) year for amounts \$25,000.00 and over.

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

Please submit this form with any payments to:

Revenue Division
 Business License Office
 PO Box 2200
 Santa Monica, CA 90407-2200

Office Use Only

Outstanding Balance Owed: \$	Total % Assessed:	Final Payment Due Date:
Less current Credits: \$		
Approved:		
Monthly Payment Amount: \$	Term in Months:	Interest Amount:
Reason for Denial:		

SANTA MONICA BUSINESS LICENSE—PAYMENT PLAN REQUEST