

BUSINESS LICENSE
CHANGE OF INFORMATION FORM
FOR IN-CITY BUSINESSES ONLY

Notice #:	
Official Use Only	
BL #:	
Fees Paid: \$ _____	
Paid By:	
<input type="checkbox"/> Ca. <input type="checkbox"/> Ck # _____ <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> Disc. <input type="checkbox"/> MC <input type="checkbox"/> Web	
Date Paid: _____	
Processed by: _____	

Complete this form if you are making general changes to your existing business license.

PLEASE NOTE: A BUSINESS LICENSE IS NOT TRANSFERABLE PER SMMC §6.04.040. A NEW OWNER MUST OBTAIN A NEW BUSINESS LICENSE. NEW OR ADDITIONAL BUSINESS ACTIVITIES OR LOCATIONS REQUIRE SEPARATE BUSINESS LICENSES PER SMMC § 6.04.060 & 6.04.070.

BUSINESS ENTITY INFORMATION - CURRENT (ALL FIELDS REQUIRED)

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

CHANGE OF BUSINESS ACTIVITY OR PHYSICAL LOCATION

For a change of location or business activity within the City of Santa Monica:	Using the information from your completed Zoning Review form Choose your review type below:	Fee
<ul style="list-style-type: none"> Please download and complete the Zoning Review Form. Use the information on that form to choose the review type appropriate for your business. → For commercial businesses, also download and complete the Industrial Wastewater Form. Remember to enclose all applicable fees when submitting these forms. Please make checks payable to: City of Santa Monica. 	Review Fee - Commercial	\$109.41
	Review Fee - Residential	\$55.22

New Business Activity (please describe): _____

New physical address (NOT PO BOX): _____

Number Street Unit/Suite # City State Zip

OTHER CHANGES

Business name or DBA change (*print new name here*): _____

Business Type: Sole Proprietor Partnership Trust LLC Corporation CA Corporate ID #: _____

New or additional officer(s): _____

(attach pages as needed) First Name Last Name Phone Number

Date of Birth Driver's License/Gov't Issued ID Address Number Street Unit/Suite # City State Zip

New mailing address: _____

Number Street Unit/Suite # City State Zip

New State Resale # or Federal Tax ID (FEIN): _____ New State License #: _____

New email address: _____ New Phone #: _____

Other changes (*provide details*): _____

ACKNOWLEDGEMENT AND CONFIRMATION

I declare under penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is a true and correct and complete statement made in good faith.

_____ _____ _____
Printed Name Signature Date

SANTA MONICA BUSINESS LICENSE—CHANGE OF INFORMATION FORM—IN-CITY BUSINESS

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NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

DEPARTMENT OF
GENERSERVICES,
Division of the State Architect,
CASp Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF
REHABILITATION
Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/

[disabilityaccessinfo](http://www.rehab.cahwnet.gov/disabilityaccessinfo)

DEPARTMENT OF
GENERSERVICES, California
Commission on Disability
Access

www.cdda.ca.gov

www.cdda.ca.gov/resources-

[menu/](http://www.cdda.ca.gov/resources-menu/)

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.

<CONTINUED ON REVERSE>

GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs below are available to assist businesses with access compliance and access expenditures:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at www.irs.gov.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at www.ftb.ca.gov.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at www.irs.gov.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at www.treasurer.ca.gov/cpcfca/calcap/.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at www.ada.gov.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at www.bsc.ca.gov.

BUSINESS LICENSE STATEMENT OF GROSS RECEIPTS

(6 MONTHS)

OFFICIAL USE ONLY	
BL #	
2016:	\$
2017:	\$
2018:	\$
2019:	\$
2020:	\$

BUSINESS ENTITY INFORMATION

Legal Business Name:		DBA (if applicable):	
Business Physical Address:			
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>	<i>City State Zip</i>
Contact Information:	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

Provide the **gross receipts*** attributable to your Santa Monica location for the applicable years in the table below, as recorded on the books and records of the business. For the years that do not apply, please enter zero. For City business tax purposes, there are no deductions for business expenses. See the Definition of Gross Receipts for clarification located at our website noted above. Financial statements and copies of your Federal and/or State tax returns may be requested by the Santa Monica Finance Department to support the reported gross receipts. **Please do not send these documents unless requested.**

Business License taxes are based on income producing activity. An apportioning taxpayer may reduce receipts by a percentage that reflects the proportion of the cost of in-city to out-of-city activity. A business may deduct gross receipts deemed to be directly attributable to income producing activities carried on outside the City of Santa Monica. For assistance with this process you may wish to consult with a tax advisor.

Date business began within the City of Santa Monica?	Month	Day	Year

Reporting Period			Santa Monica Gross Receipts	Reporting Period			Santa Monica Gross Receipts
Dates From		Dates To	Enter Amounts	Dates From		Dates To	Enter Amounts
01/01/2016	To	06/30/2016		07/01/2016		12/31/2016	
01/01/2017	To	06/30/2017	\$	07/01/2017	To	12/31/2017	\$
01/01/2018	To	06/30/2018	\$	07/01/2018	To	12/31/2018	\$
01/01/2019	To	06/30/2019	\$	07/01/2019	To	12/31/2019	\$
01/01/2020	To	06/30/2020	\$				

* Corporate Headquarters/Administration Offices are required to report the annual operating expenses equal to the annual rental value of real property, payroll and utility costs of the Corporate/Administrative Headquarters located in Santa Monica. Please complete "Statement of Cost of Operations".

- "Gross Receipts" shall not include:**
- (i) The amount of any Federal tax imposed on or with respect to retail sales whether imposed upon the retailer or upon the consumer and regardless of whether or not the amount of Federal tax is stated to customers as a separate charge.
 - (ii) Any California State, city, or city and county sales or use tax required by law to be included in or added to the purchase price and collected from the consumer or purchaser.
 - (iii) Such part of the sales price of any property previously sold and returned by the purchaser to the seller which is refunded by the seller by way of cash or credit allowances given or taken as part payment on any property so accepted for resale.
 - (iv) Any refundable deposit which is returned to the depositor.
 - (v) That portion of the receipts of a general building contractor licensed under Sections 6.08.060 or 6.08.070, which represents payments to subcontractors, provided such subcontractors are licensed under the provisions of this Chapter and that the general contractor furnishes the Director of Finance with the names and addresses of the subcontractors and the amounts paid to each subcontractor.
 - (vi) Bad debts taken from gross receipts reported during a prior tax year in accordance with generally acceptable accounting practices.
 - (vii) Anything which the City of Santa Monica may not lawfully include by virtue of the Constitution of the United States or the Constitution of the State of California.
 - (viii) Fees for actual costs of governmental requirements (e.g., inspections, plan checks, etc.) paid by a licensee on behalf of a third party.

I declare, under penalty of making a false declaration, that I am authorized to make this statement and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith for the periods stated.

_____ <i>Printed Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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SANTA MONICA BUSINESS LICENSE—STATEMENT OF GROSS RECEIPTS

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BUSINESS LICENSE COMMERCIAL ZONING REVIEW FORM

OFFICIAL USE ONLY	
BL#	
REC#	

Businesses operating from a commercial location are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.

BUSINESS ENTITY INFORMATION

Legal Business Name:		DBA (if applicable):	
Business Physical Address:			
Number	Street	Unit/Suite #	City State Zip
Contact Information:	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

BUSINESS ACTIVITY INFORMATION

Please describe your business activity in detail, using at least three sentences. (use additional sheets if necessary)

A.	Are you the owner of the subject property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Is the business currently licensed in the City of Santa Monica?	<input type="checkbox"/> Yes, BL# _____	<input type="checkbox"/> No
C.	Is your business moving from one location to another on the same property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Is the business relocating to the building's 2nd floor or above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.	Is the business activity similar to the previously licensed tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F.	Does the business lease space from an existing, licensed tenant in the same profession? <i>(e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G.	Is the business located in a shared office space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMERCIAL LOCATION INFORMATION

1.	How much of the space you lease is used for general office tasks (accounting, marketing, clerical, billing, correspondence, phone calls, etc.)?	<input type="checkbox"/> 100%	<input type="checkbox"/> 99%-76%	<input type="checkbox"/> 75-51%	<input type="checkbox"/> 50-26%	<input type="checkbox"/> 25-16%	<input type="checkbox"/> 15-1%	<input type="checkbox"/> None
2.	Are you operating a business that has obtained an entitlement through City Planning? <i>(e.g. Conditional Use Permit, Alcohol Exemption)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
	If Yes, please list case #:							
3.	Does the business use, promote and allow for a walk-in clientele?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
	If No, please explain:							
4.	Do you prepare or sell food at this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have customer seating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.	Do customers purchase food at a walk-up counter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do wait staff take orders from the table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.	Describe the food sales:							
7.	Does this business involve the sale of alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alcohol license type:				

If Yes, an alcohol entitlement approval is required prior to any alcohol sales. Contact the Planning Division at 310-458-8341 to apply.

Complete next page

SANTA MONICA BUSINESS LICENSE — COMMERCIAL ZONING REVIEW FORM

