

**BUSINESS LICENSE
 RENEWAL AMENDMENT REQUEST**

Official Use Only	
BL #:	
Date Stamp	

If you need to change your original return to include new information, complete a separate copy of this form for each fiscal year you would like to adjust your previously reported gross receipts. For amendments that result in a credit or refund, you must file this form within 1 year from the date of payment.

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

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>
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Business Phone: _____ Email : _____ Business License Number: _____

AMENDMENT YEAR - PLEASE COMPLETE ONE FORM FOR EACH YEAR

Fiscal Year (July 1– June 30): From: _____ To: _____

REASON FOR BUSINESS LICENSE RENEWAL AMENDMENT

Please provide an explanation for your request in the space below and provide documents to support your claim.

GROSS RECEIPTS ADJUSTMENT

	<u>Original Amount</u>	<u>Amended Amount</u>	<u>Net Change</u>
1. Gross Receipts			
2. Deductions			
3. Subtract Line 2 from Line 1			

DECLARATION & 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

<input type="checkbox"/> Approved: _____	<input type="checkbox"/> Denied: _____
Adjustment Amount: \$ _____	Adjustment Date: _____
Outstanding Balance Owed: \$ _____	Staff: _____

SANTA MONICA BUSINESS LICENSE — RENEWAL AMENDMENT REQUEST