



**City of
Santa Monica**

Revenue Division
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Santa Monica, CA 90407-2200

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**SANTA MONICA BUSINESS LICENSE
RENEWAL AMENDMENT REQUEST**

OFFICIAL USE ONLY

BL#: _____

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)

1	DBA (if applicable):		
2	Legal Business Name:		
3	Business Physical Address: _____ <small>Number Street Unit/Suite # City State Zip</small>		
4	Business Phone: _____	Email: _____	Business License #: _____

AMENDMENT YEAR

Fiscal Year (July 1 to 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

	Original Amount	Amended Amount	Net Change
1. Gross Receipts			
2. Deductions			
3. Subtract Line 2 from Line 1			

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.

_____ Printed Name _____ Signature _____ Date

OFFICE USE ONLY

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

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