

**BUSINESS LICENSE APPLICATION**  
**COMMERCIAL LOCATION**

|                          |  |
|--------------------------|--|
| Notice #:                |  |
| <b>OFFICIAL USE ONLY</b> |  |
| BL #:                    |  |
| Fees Paid: \$            | _____  |
| Paid By:                 | <input type="checkbox"/> Ca <input type="checkbox"/> Ck # _____ <input type="checkbox"/> AMEX<br><input type="checkbox"/> Visa <input type="checkbox"/> Disc. <input type="checkbox"/> MC <input type="checkbox"/> Web |
| Date Paid:               | _____  |
| Processed by:            | _____  |

**Santa Monica Business License Period—July 1 through June 30**

There is no proration for a business license issued after the start of a licensing period. A daily license will expire at midnight on the day it was issued (*Special Event Promoters only*). A standard business license will expire on the next June 30th after it was issued. (SMMC 6.04.120 and 6.04.110)

Complete this application if your business is operated from a commercial location within the City of Santa Monica.

**BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)**

|    |   |        |   |          |                              |
|----|---|--------|---|----------|------------------------------|
| 1  | DBA (if applicable):  |        |   |          |                              |
| 2  | Legal Business Name:  |        |   |          |                              |
| 3  | Business Physical Address:  |        |   |          |                              |
|    | Number  | Street | Unit/Suite #  | City     | State Zip                    |
| 4  | Business Mailing Address:   |        |   |          |                              |
|    | <input type="checkbox"/> Same as Physical Address   |        |   |          |                              |
|    | Number  | Street | Unit/Suite #  | City     | State Zip                    |
| 5  | Business Phone:   |        | Alternate Phone: <input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Other  |          |                              |
| 6  | Date business began or will begin within the City of Santa Monica?  |        | Month   | Day      | Year                         |
|    |   |        |   |          |                              |
|    | Is this business a non-profit or exempt entity? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |   |          |                              |
|    | If yes, please provide documentation with your application  |        |   |          |                              |
| 7  | Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> Corporation |        |   |          | Corporation/LLP/LLC Entity # |
| 8  | Email:  |        |   | Website: |                              |
| 9  | Please describe in detail your business activity conducted within the City of Santa Monica:   |        |   |          |                              |
|    |   |        |   |          |                              |
|    |   |        |   |          |                              |
|    |   |        |   |          |                              |
| 10 | NAIC Code (if known):   |        | Resale Number (if applicable):  |          | Federal Employer ID #:       |
| 11 | State License # (if applicable):  |        | License Type:   |          | Exp. Date:                   |
| 12 | Does this business sell tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        | If selling goods, what type of sales? <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Both <input type="checkbox"/> N/A |          |                              |

**OWNER/OFFICER INFORMATION (ALL FIELDS REQUIRED)**

|    |   |        |                |                                      |           |
|----|---|--------|----------------|--------------------------------------|-----------|
| 13 | First Name:   |        | Last Name:     |                                      |           |
|    | Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____ |        |                |                                      |           |
|    | Residential Address:  |        |                |                                      |           |
|    | Number  | Street | Unit/Suite #   | City                                 | State Zip |
|    | Email:  |        | Date of Birth: | Driver's License or Gov't Issued ID: | Phone:    |

**ADDITIONAL OWNER/OFFICER INFORMATION (IF APPLICABLE)**

|    |   |        |                |                                      |           |
|----|---|--------|----------------|--------------------------------------|-----------|
| 14 | First Name:   |        | Last Name:     |                                      |           |
|    | Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____ |        |                |                                      |           |
|    | Residential Address:  |        |                |                                      |           |
|    | Number  | Street | Unit/Suite #   | City                                 | State Zip |
|    | Email:  |        | Date of Birth: | Driver's License or Gov't Issued ID: | Phone:    |

Complete next page

SANTA MONICA BUSINESS LICENSE APPLICATION—COMMERCIAL

**AUTHORIZED REPRESENTATIVE CONTACT INFORMATION**

|    |  |                |            |        |
|----|--|----------------|------------|--------|
| 15 | <input type="checkbox"/> Same as owner | First Name:    | Last Name: | Title: |
|    |  | Contact Phone: | Email:     |        |

**BUSINESS ACTIVITY INFORMATION (REQUIRED)**

16 Please designate the type of business you are or intend to engage in at the address in line 3:

|  |  |
|--|--|
| <input type="checkbox"/> Agent/Broker (Commodities, Real Estate, Etc.)                 | <input type="checkbox"/> Professions (Lawyer, Doctor, Etc.)  |
| <input type="checkbox"/> Auto Dealership   | <input type="checkbox"/> Rental of Property (Commercial or Residential) — <b>submit the Lessor Application</b> |
| <input type="checkbox"/> Building Contractor<br>(Specialty: _____)                     | <input type="checkbox"/> Retail/Wholesale/Manufacturing  |
| <input type="checkbox"/> Corporate or Administrative Headquarters                      | <input type="checkbox"/> Service   |
| <input type="checkbox"/> Delivery or Pickup — <b>complete the Delivery Application</b> | <input type="checkbox"/> Other (specify): _____  |

17 Number of personnel working 4 hours or more per week at this site? \_\_\_\_\_

18  Check here if you do not wish your business' information posted on the City of Santa Monica's website.

**DECLARATION AND SIGNATURE (ALL FIELDS REQUIRED)**

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, correct and complete statement, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable Santa Monica Municipal Code provisions, state and federal laws and all conditions set forth above. I also understand and I am familiar with such local, state and federal laws and the conditions set forth above may result in revocation of this license.

|             |        |
|-------------|--------|
| Print Name: | Title: |
| Signature:  | Date:  |

**FEES DUE:**

**RETURN ENTIRE APPLICATION PACKET WITH PAYMENT TO ABOVE ADDRESS • MAKE CHECK PAYABLE TO THE CITY OF SANTA MONICA**  
*Acceptance of payment does not constitute approval of business license. Authorization to conduct business is not granted until license is issued.*

**Check here and enter \$0 in the Business License Tax box below if claiming the Small Business Exemption (SBE)**  
*You may not claim the SBE if annual worldwide gross receipts will exceed \$40,000.00 or if you are filing this application more than thirty (30) days after your business start date.*

**Check here and enter Exempt in the Business License Tax box below if claiming tax exempt status.**  
*Please submit proof of exemption status with your application.*

| <p><b>NOTE:</b> On 9/19/12, Governor Brown signed into law Senate Bill 1186 which adds a state fee of \$1 on any applicant for a local business license, similar instrument or permit, or renewal. On 10/11/17, Governor Brown signed into law Assembly Bill 1379, which increases the fee to \$4 for six years from 1/1/18 through 12/31/23. The purpose of this fee is to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for business in order to facilitate compliance with federal and state disability laws, as specified under federal law. Compliance with disability access 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 obligation to comply with the disability access laws at the following agencies:</p> <p>The Division of the State Architect at <a href="http://www.dgs.ca.gov/das/home.aspx">www.dgs.ca.gov/das/home.aspx</a><br/>                 The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a><br/>                 The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a></p> | LICENSE FEES DUE                             |           | OFFICIAL USE ONLY |
|---|--|-----------|-------------------|
|   | Please Note: Fee payments are non-refundable |           |                   |
|   | Business License Tax                         | \$ 75.00  | \$                |
|   | Zoning Review Fee (Complete form)            | \$ 109.41 | \$                |
|   | State Mandated Fee                           | \$ 4.00   | \$                |
|   | Late Penalty                                 | \$        | \$                |
|   | Additional Fees                              | \$        | \$                |
|   | Total Due                                    | \$        | \$                |
|   | Amount Paid                                  | \$        | \$                |
|   | Fees Due                                     | \$        | \$                |

*Thank you for doing business in the City of Santa Monica!*



## 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](http://www.dgs.ca.gov/dsa)

[www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp)

DEPARTMENT OF  
REHABILITATION  
Disability Access Services

[www.dor.ca.gov](http://www.dor.ca.gov)

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

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

DEPARTMENT OF  
GENERSERVICES, California  
Commission on Disability  
Access

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

[www.cdda.ca.gov/resources-](http://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](http://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](http://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](http://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](http://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/](http://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](http://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](http://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       | To | Dates To   | Enter Amounts               | Dates From       | To | 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> |

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 First Name:

Last Name:

Title:

Information: 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?<br><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?<br><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





## BUSINESS LICENSE INDUSTRIAL WASTE WATER PERMIT APPLICATION

OFFICIAL USE ONLY

BL #:

Date Stamp

An industrial waste water permit is required for certain commercial and industrial facilities that discharge to the City sewer or storm water collection systems which have potential to impact the publicly owned treatment works or water of the State. For more information on the industrial waste water permit, please contact the Water Resources Protection Program at 310-458-8235.

### BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

|   |   |  |
|---|---|--|
| 1 | Legal Business Name:  | DBA:   |
| 2 | Business Physical Address:  |  |
|   | <i>Number</i> <i>Street</i> <i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i>   |  |
| 3 | Business Mailing Address:   |  |
|   | <input type="checkbox"/> Same as Physical Address <i>Number</i> <i>Street</i> <i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i> |  |
| 4 | Business Phone:   | Alternate Phone: <input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Other |

**All applicants subject to the Industrial Wastewater Permit fee are also subject to the application fee in addition to any other fees applicable to the business activity.**

| Description of Business Activity  | Permit Fee | Application Fee | Total             |
|---|------------|-----------------|-------------------|
| <input type="checkbox"/> <b>Permit Class 1:</b> Small market, vet/pet hospital, small hotel/motel (less than 20 beds), coffee shop, small food establishment—single deep fryer, no grease interceptor/trap device.  | \$253.27   | \$81.93         | <b>\$335.20</b>   |
| <input type="checkbox"/> <b>Permit Class 2:</b> Small bakery, mid-sized market, rug/upholstery, welding, auto repair (1—2 bays), med-sized motel (21-60 beds), bar/nightclub, food establishment with 2 or more fryers.   | \$930.07   | \$81.93         | <b>\$1,012.00</b> |
| <input type="checkbox"/> <b>Permit Class 3:</b> Med-sized bakeries, franchise/chain restaurant, gas stations, large markets, hotel/motel (61-250 beds), auto dealerships, car washes, aircraft repair, auto repair (3-4 bays), car rental, light manufacturing, construction dewatering up to 15,000 gallons/day, food establishments with between 150-200 seats. | \$1,425.33 | \$81.93         | <b>\$1,507.26</b> |
| <input type="checkbox"/> <b>Permit Class 4:</b> Large commercial bakeries, market with kitchen/deli, auto repair (4 or more bays), construction dewatering up to 18,000 gallons/day.  | \$2,061.20 | \$81.93         | <b>\$2,143.13</b> |
| <input type="checkbox"/> <b>Permit Class 5:</b> Hospitals, colleges, pharmaceutical (less than 5 labs), petroleum, oil/grease recycling, med-heavy industry, construction dewatering up to 100,000 gallons/day.   | \$2,556.48 | \$81.93         | <b>\$2,638.41</b> |
| <input type="checkbox"/> <b>Permit Class 6:</b> Metal finishing/plating, site under remediation, paint/pesticide formulators, pharmaceutical (more than 5 labs) construction dewatering in excess of 100,000 gallons/day.   | \$5,833.03 | \$81.93         | <b>\$5,914.96</b> |
| <input type="checkbox"/> <b>Permit Class 99:</b> Dentists and all dental activities; Coffee shops with <b>no cook line</b> .  | \$145.48   | \$81.93         | <b>\$227.41</b>   |

**None of the above** permit descriptions apply to my business activity. Please briefly describe your business activity:

### ACKNOWLEDGMENT AND CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information in this document and that based on my knowledge I represent that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment

|                         |                        |
|-------------------------|------------------------|
| _____                   | _____                  |
| <i>Print First Name</i> | <i>Print Last Name</i> |
| _____                   | _____                  |
| <i>Signature</i>        | <i>Title</i>           |
|                         | _____                  |
|                         | <i>Date</i>            |

#### Office Use Only

|                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Approved: | <input type="checkbox"/> Approved By: |
| <input type="checkbox"/> Denied:   | Reason:                               |

SANTA MONICA—WASTE WATER PERMIT APPLICATION