

BUSINESS LICENSE APPLICATION OUT OF CITY LOCATION

| | |
|-------------------|---|
| 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: | _____ |

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 location outside of 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? | | | Is this business a non-profit or exempt entity? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Month | Day | Year | 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 | | | | CA Entity ID #: | |
| 8 | Email: | | | Website: | | |
| 9 | Please describe in detail your business activity conducted within the City of Santa Monica: | | | | | |
| | | | | | | |
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|----|--|--------------------------------|---|
| 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: | | | | | Phone: |
| | Number | Street | Unit/Suite # | City | State | Zip |
| | Email: | | | DOB: | Driver's License or Gov't Issued ID | SSN: |

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: | | | | | Phone: |
| | Number | Street | Unit/Suite # | City | State | Zip |
| | Email: | | | DOB: | Driver's License or Gov't Issued ID | SSN: |

Complete next page



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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"/> Auto Dealership <input type="checkbox"/> Building Contractor (Specialty: _____) <input type="checkbox"/> Corporate or Administrative Headquarters <input type="checkbox"/> Delivery or Pickup — complete the delivery application | <input type="checkbox"/> Professions (Lawyer, Doctor, Etc.) <input type="checkbox"/> Rental of Property (Commercial or Residential) — submit the Lessor Supplemental Form with this application <input type="checkbox"/> Retail/Wholesale/Manufacturing <input type="checkbox"/> Service <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.

| | |
|------------|--------|
| 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.

| <p>NOTE: 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 www.dgs.ca.gov/das/home.aspx The Department of Rehabilitation at www.rehab.cahwnet.gov The California Commission on Disability Access at www.cdda.ca.gov</p> | LICENSE FEES DUE | | OFFICIAL USE ONLY |
|---|--|----------|-------------------|
| | Please Note: Fee payments are non-refundable | | |
| | Business License Tax | \$ 75.00 | \$ |
| | State Mandated Fee | \$ 4.00 | \$ |
| | Police/Other Permit | \$ | \$ |
| | Fingerprinting | \$ | \$ |
| | Late Penalty | \$ | \$ |
| | Additional Fees | \$ | \$ |
| | Total Due | \$ | \$ |
| | Amount Paid | \$ | \$ |
| Fees Due | \$ | \$ | |

SANTA MONICA BUSINESS LICENSE APPLICATION — OUT OF CITY

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
GENERA SERVICES,
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
GENERA SERVICES, 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.