

BUSINESS LICENSE APPLICATION
RESIDENTIAL LOCATION

Notice #: _____
Official Use Only
 BL #: _____
 Fees Paid: \$ _____
 Paid By:
 Ca. Ck # _____ AMEX
 Visa Disc. MC 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 residential 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: <small>Number Street Unit/Suite # City State Zip</small>										
4	Business Mailing Address: <input type="checkbox"/> Same as Physical Address <small>Number Street Unit/Suite # City State Zip</small>										
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?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 25%;">Year</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	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	
Month	Day	Year									
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 Corporate ID # _____							
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: <small>Number Street Unit/Suite # City State Zip</small>				
	Email:		DOB:	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: <small>Number Street Unit/Suite # City State Zip</small>				
	Email:		DOB:	Driver's License or Gov't Issued ID:	Phone:

Complete next page

SANTA MONICA BUSINESS LICENSE APPLICATION RESIDENTIAL



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 RESIDENTIAL ZONING REVIEW FORM

OFFICIAL USE ONLY

BL#

REC#

Businesses operating from a residential 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:			
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>	<i>City</i>
		<i>State</i>	<i>Zip</i>
Contact Information:	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

BUSINESS ACTIVITY DESCRIPTION

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.	Do you currently have a business license in the City of Santa Monica?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Will this business license be for the same business activity for which you already have a business license?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENTIAL LOCATION INFORMATION

1.	If you have a secondary vehicle used for your business enterprise in addition to your own personal vehicle, please identify the following:		
	Year	Make	Model
			Parking Location
			<input type="checkbox"/> On site <input type="checkbox"/> Off-site
2.	On-site parking location description (driveway, front, back, garage, etc.):		
3.	Check here if no vehicle larger than one 3/4 ton truck will be used in conjunction with the home business. <input type="checkbox"/>		
4.	Off-site parking		
	<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>
			<i>City</i>
			<i>State</i>
			<i>Zip</i>
5.	Does the home occupation involve use of the residence by a psychiatrist, speech therapist, or other professional with one-on-one counseling, therapy, or treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the home occupation involve use of the residence for one-on-one training or teaching of dance, exercise, or yoga?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to any of the above activities, do you agree that your one-on-one sessions will not exceed six (6) clients within a 24-hour period?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you prepare food on site? If yes, please attach your permit from the County of Los Angeles Health Department		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Will the home occupation be conducted entirely within a dwelling or accessory building?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Describe any gardening or horticulture business activities to be conducted at the residence, the type of materials to be stored, and where the horticulture business will be conducted on the property: (use additional sheets if necessary)		
9.	Will you receive deliveries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
10.	Does the nature of the business involve the production of a product?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe the product and the volume of production: (use additional sheets if necessary)		
11.	Will this product involve storage of material/mechanical equipment not recognized as being part of a normal household or hobby use?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SANTA MONICA BUSINESS LICENSE—RESIDENTIAL ZONING REVIEW FORM

Complete next page

SANTA MONICA BUSINESS LICENSE VEHICLES FOR HIRE SUPPLEMENTAL FORM

OFFICIAL USE ONLY

BL # _____

Date: _____

Inspector approval: _____

Decal # _____

When applying for or renewing your Business License online, please upload this document.

BUSINESS ENTITY INFORMATION

Legal Business Name/DBA: _____

Vehicle Storage Location:

(When not in use)

_____ *Number*

_____ *Street*

_____ *Unit/Suite #*

_____ *City*

_____ *State*

_____ *Zip*

Provide a detailed description of the business operations and revenue sources other than the transportation of passengers.

Provide the nature of driver relationship? Are the drivers employees or independent contractors?

- Independent Contractors
 Employees
 Both

VEHICLE INFORMATION *(attach separate list for additional vehicles)*

1st Vehicle Identification:

_____ *Make*

_____ *Model*

_____ *Year*

_____ *Serial Number*

How many passengers will the vehicle safely carry? _____

Color of vehicle: _____

Please list below any other jurisdictions in which the vehicle is permitted to operate:

2nd Vehicle Identification:

_____ *Make*

_____ *Model*

_____ *Year*

_____ *Serial Number*

How many passengers will the vehicle safely carry? _____

Color of vehicle: _____

Please list below any other jurisdictions in which the vehicle is permitted to operate:

Required Supplemental Applicable Documents

Please **provide a copy** of the following applicable documents:

- Map of in-city routes
 List of passenger fees
 Proof of insurance

ACKNOWLEDGEMENT & CONFIRMATION

I certify that it is my intention to have the vehicle identified in this application operate as a vehicle in the City of Santa Monica; I have ensured that the vehicle meets the requirements outlined in Chapter 6.50 of the Santa Monica Municipal Code and the Santa Monica Vehicle Rules, and I will ensure that the vehicle continues to comply with all applicable regulations.

_____ *Signature*

_____ *Title*

_____ *Date*

OFFICE USE ONLY

Inspection Date: _____

Inspector Initials: _____

Pass
 Fail

Decal # _____

Vehicle # _____

Re-inspection Date: _____

Notes: _____