

BUSINESS LICENSE
CHANGE OF INFORMATION FORM
FOR IN-CITY BUSINESSES ONLY

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:	

Complete this form if you are making general changes to your existing business license.

PLEASE NOTE: A BUSINESS LICENSE IS NOT TRANSFERABLE PER SMMC §6.04.040. A NEW OWNER MUST OBTAIN A NEW BUSINESS LICENSE. NEW OR ADDITIONAL BUSINESS ACTIVITIES OR LOCATIONS REQUIRE SEPARATE BUSINESS LICENSES PER SMMC § 6.04.060 & 6.04.070.

BUSINESS ENTITY INFORMATION - CURRENT (ALL FIELDS REQUIRED)

Legal Business Name /DBA:	Business License #:				
Physical Address on record:					
<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Business Phone:	Email:	Fax:			

CHANGE OF BUSINESS ACTIVITY OR PHYSICAL LOCATION

For a change of location or business activity within the City of Santa Monica:	Using the information from your completed Zoning Review form Choose your review type below:	Fee
<ul style="list-style-type: none"> Please download and complete the Zoning Review Form. Use the information on that form to choose the review type appropriate for your business. → For commercial businesses, also download and complete the Industrial Wastewater Form. Remember to enclose all applicable fees when submitting these forms. Please make checks payable to: City of Santa Monica. 	Review Fee - Commercial	\$105.00
	Review Fee - Residential	\$53.00

New Business Activity (please describe): _____

New physical address (NOT PO BOX): _____

Number Street Unit/Suite # City State Zip

OTHER CHANGES

Business name or DBA change (*print new name here*): _____

Business Type: Sole Proprietor Partnership Trust LLC Corporation CA Corporate ID #: _____

New or additional officer(s): _____

(attach pages as needed) First Name Last Name Phone Number

Date of Birth Driver's License/Gov't Issued ID Address Number Street Unit/Suite # City State Zip

New mailing address: _____

Number Street Unit/Suite # City State Zip

New State Resale # or Federal Tax ID (FEIN): _____ New State License #: _____

New email address: _____ New Phone #: _____

Other changes (*provide details*): _____

ACKNOWLEDGEMENT AND CONFIRMATION

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 and correct and complete statement made in good faith.

_____ _____ _____
Printed Name Signature Date

SANTA MONICA BUSINESS LICENSE—CHANGE OF INFORMATION FORM—IN-CITY BUSINESS

BUSINESS LICENSE STATEMENT OF GROSS RECEIPTS <i>(6 MONTHS)</i>		OFFICIAL USE ONLY
	BL #	
	2014:	\$
	2015:	\$
	2016:	\$
	2017:	\$

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:

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		Dates To	Enter Amounts	Dates From		Dates To	Enter Amounts
01/01/2014	To	06/30/2014	\$	07/01/2014	To	12/31/2014	\$
01/01/2015	To	06/30/2015	\$	07/01/2015	To	12/31/2015	\$
01/01/2016	To	06/30/2016	\$	07/01/2016	To	12/31/2016	\$
01/01/2017	To	06/30/2017	\$	07/01/2017	To	12/31/2017	\$
01/01/2018	To	06/30/2018	\$				

* 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

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?
<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?
<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

8.	What was the name of the previous business at this location? 		
9.	What was the previous use of this space (e.g. general office, post-production, retail)?		
	Enter the date that the previous business vacated space.	<i>Month</i>	<i>Day</i>
		<i>Year</i>	
<i>If you are unsure of any of the above information, please contact the building owner or your leasing agent.</i>			
10.	Do you share this space with a separate business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared space business name:	
11.	On which floor is the business located?		
12.	What is the square footage of the space that you lease? (This is information that is included in your lease.)		
13.	Do you store products at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much product is stored?	
14.	Describe the products stored on-site: 		
15.	Describe pick up and delivery: 		
16.	Do you manufacture products at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, describe the manufacturing process and product pickup and delivery procedures: (use additional sheets if necessary) 		

ACKNOWLEDGEMENT

I certify under penalty of perjury that all statements made in this application are, to the best of my knowledge, true and correct, and that I have completed this application. I authorize the City of Santa Monica to verify all statements and information provided on this application.

_____ Printed Name

_____ Signature

_____ Date

OFFICIAL USE ONLY

Business Description:

Zone:	Permitted land use:	SMMC Section:
Entitlement(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Entitlement(s) required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Case #:	If yes, type required:	
<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Existing Business	<i>(check all that apply)</i> <input type="checkbox"/> Address <input type="checkbox"/> Business Activity <input type="checkbox"/> Ownership
	<input type="checkbox"/> Other (specify):	

Comments:

REVIEW AND DETERMINATION

Permitted Use—Approved

Non-Permitted Use—Denied

_____ Planning Staff Printed Name

_____ Signature

_____ Date

_____ Title

_____ Email

_____ Extension

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"/> Permit Class 1: 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.	\$243.07	\$78.63	\$321.70
<input type="checkbox"/> Permit Class 2: 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.	\$892.59	\$78.63	\$971.22
<input type="checkbox"/> Permit Class 3: 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.	\$1,367.88	\$78.63	\$1,446.51
<input type="checkbox"/> Permit Class 4: Large commercial bakeries, market with kitchen/deli, auto repair (4 or more bays), construction dewatering up to 18,000 gallons/day.	\$1,978.12	\$78.63	\$2,056.75
<input type="checkbox"/> Permit Class 5: Hospitals, colleges, pharmaceutical (less than 5 labs), petroleum, oil/grease recycling, med-heavy industry, construction dewatering up to 100,000 gallons/day.	\$2,453.44	\$78.63	\$2,532.03
<input type="checkbox"/> Permit Class 6: Metal finishing/plating, site under remediation, paint/pesticide formulators, pharmaceutical (more than 5 labs) construction dewatering in excess of 100,000 gallons/day.	\$5,597.92	\$78.63	\$5,676.55
<input type="checkbox"/> Permit Class 99: Dentists and all dental activities; Coffee shops with no cook line .	\$139.62	\$78.63	\$218.25

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