

**BUSINESS LICENSE**  
**CHANGE OF INFORMATION FORM**  
*FOR OUT-OF-CITY BUSINESSES ONLY*

Official Use Only	
BL #:	
<i>Date Stamp</i>	

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

**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 form if you have a current Santa Monica Business License, your business is or will be physically located outside of Santa Monica, and if any of the changes have or will occur.

**BUSINESS ENTITY INFORMATION**

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.

Legal Business Name /DBA:	Business License #:
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Physical Address on record: \_\_\_\_\_

*Number                      Street                      Unit/Suite #                      City                      State                      Zip*

Business Phone:	Email:	Fax:
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**CHANGE OF PHYSICAL LOCATION\***

New physical address (NOT PO BOX): \_\_\_\_\_

*Number                      Street                      Unit/Suite #                      City                      State                      Zip*

**OTHER CHANGES**

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

Change in business ownership type:  
  Sole Proprietor  
  Partnership  
  LLC  
  Corporation  
  Trust  
  Ltd. Partnership

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*

<input type="checkbox"/> New State Resale # or Federal Tax ID (FEIN):	<input type="checkbox"/> New State License #:
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New email address: \_\_\_\_\_

<input type="checkbox"/> New Phone Number:	<input type="checkbox"/> Website:
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Other changes—provide details: \_\_\_\_\_

\_\_\_\_\_

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**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.

_____ <i>Printed Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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