

BUSINESS LICENSE CLOSURE FORM

Official Use Only	
BL #:	
Date Stamp	

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)

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name/DBA:		Business License #:	
Business Physical Address:			
<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City State Zip</small>
Contact Phone:	Email:		
Please enter the date the business last operated in Santa Monica?*		<small>Month</small>	<small>Day</small>
		<small>Year</small>	

***IF BUSINESS WAS CONDUCTED AFTER THE BUSINESS LICENSE EXPIRE DATE, THE LICENSE MUST BE RENEWED.**

CLOSURE DETAILS - Please mark the check box next to the reason for closure of the business license and add details as needed:

Business is not physically located in Santa Monica and has ceased operations in Santa Monica.

Business Sold**—Please provide new owner information below:

New owner's name:	New owner's phone number:				
New owner's address:					
<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

Business moved out of Santa Monica. Please provide new address below:

<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
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Owner is deceased

Date of Death:

Business entity dissolved, business no longer exists.

Date of Dissolution:

Other. Please provide details in the area below:

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

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, correct and complete statement made in good faith.

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

SANTA MONICA BUSINESS LICENSE—CLOSURE FORM