



**City of  
Santa Monica**

Revenue Division  
PO Box 2200  
Santa Monica, CA 90407-2200

P: 310-458-8745 • F: 310-451-3283  
E: business.license@santamonica.gov  
W: santamonica.gov/businesslicense

# 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 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:													
<i>Number</i>		<i>Street</i>				<i>Unit/Suite #</i>		<i>City</i>		<i>State</i>		<i>Zip</i>	
Contact Phone:				Email:									
Please enter the date the business last operated in Santa Monica?*								<b>Month</b>		<b>Day</b>		<b>Year</b>	

\*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:

<input type="checkbox"/> Business is not physically located in Santa Monica and has ceased operations in Santa Monica.													
<input type="checkbox"/> Business Sold**—Please provide new owner information below:													
New owner's name:						New owner's phone number:							
New owner's address:													
<i>Number</i>		<i>Street</i>				<i>Unit/Suite #</i>		<i>City</i>		<i>State</i>		<i>Zip</i>	
<input type="checkbox"/> Business moved out of Santa Monica. Please provide new address below:													
<i>Number</i>		<i>Street</i>				<i>Unit/Suite #</i>		<i>City</i>		<i>State</i>		<i>Zip</i>	
<input type="checkbox"/> Owner is deceased						Date of Death:							
<input type="checkbox"/> Business entity dissolved, business no longer exists.						Date of Dissolution:							
<input type="checkbox"/> 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.

Printed Name	Signature	Date

SANTA MONICA BUSINESS LICENSE—CLOSURE FORM