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 CHANGE OF INFORMATION FORM

FOR IN-CITY COMMERCIAL LOCATION BUSINESSES ONLY

Notice #:	
OFFICIAL USE ONLY	
BL #:	

Fees Paid: $_____

Paid By:
☐ Ca. ☐ Ck #_____ ☐ AMEX
☐ Visa ☐ Disc. ☐ MC ☐ 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: _____
Number Street Unit/Suite # City State Zip

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:	Commercial Zoning Review form	Fee
• *Please download and complete the* **Commercial Zoning Review Form**. • *Please 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	$104.93

☐ 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*):

New Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Trust ☐ LLC ☐ Corporation | Corporation/LLP/LLC Entity #:

☐ New or additional officer information below (*you may attach add'l sheets if necessary*):

First Name: | Last Name: | Contact phone:

Officer Address: _____
Number Street Unit # City State Zip

Driver's License or Gov't Issued ID #: | Contact Email: | Date of birth:

☐ New mailing address: _____
Number Street Unit # City State Zip

☐ New email address: | ☐ New Phone Number:

☐ New Federal Tax ID (FEIN): | ☐ New State Resale #: | ☐ New State License #:

☐ Other changes—provide details below:

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 COMMERCIAL LOCATION BUSINESS

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City of Santa Monica

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 GENERALSERVICES, 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

DEPARTMENT OF GENERALSERVICES, California Commission on Disability Access

www.ccda.ca.gov

www.ccda.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/cpcfa/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*.

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BUSINESS LICENSE STATEMENT OF GROSS RECEIPTS

(6 MONTHS)

OFFICIAL USE ONLY	
BL #:	
2020:	$
2021:	$
2022:	$
2023:	$
2024:	$

BUSINESS ENTITY INFORMATION

Legal Business: | DBA (*if applicable*):

Business Physical Address: *Number* *Street* *Unit/Suite #* *City* *State* *Zip*

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
01/01/2020	To	06/30/2020	$	07/01/2020	To	12/31/2020	$
01/01/2021	To	06/30/2021	$	07/01/2021	To	12/31/2021	$
01/01/2022	To	06/30/2022	$	07/01/2022	To	12/31/2022	$
01/01/2023	To	06/30/2023	$	07/01/2023	To	12/31/2023	$
01/01/2024	To	06/30/2024	$				

* 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.

Printed Name | *Signature* | *Date*

SANTA MONICA BUSINESS LICENSE—STATEMENT OF GROSS RECEIPTS

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BUSINESS LICENSE COMMERCIAL ZONING REVIEW FORM

OFFICIAL USE ONLY	
BL#:	
REC#:	

Businesses operating from a commercial location within the City of Santa Monica 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 Information:	First Name:	Last Name:	Title:
	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?	☐ Yes	☐ No
B.	Is the business currently licensed in the City of Santa Monica?	☐ Yes, BL#_____	☐ No
C.	Is your business moving from one location to another on the same property?	☐ Yes	☐ No
D.	Is the business relocating to the building's 2nd floor or above?	☐ Yes	☐ No
E.	Is the business activity similar to the previously licensed tenant?	☐ Yes	☐ No
F.	Does the business lease space from an existing, licensed tenant in the same profession *(e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)*	☐ Yes	☐ No
G.	Is the business located in a shared office space?	☐ Yes	☐ 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.)?						
	☐ 100%	☐ 99%-76%	☐ 75-51%	☐ 50-26%	☐ 25-16%	☐ 15-1%	☐ None
2.	Are you operating a business that has obtained an entitlement through City Planning? *(e.g. Conditional Use Permit, Alcohol Exemption)*					☐ Yes	☐ No
	If Yes, please list case #:						
3.	Does the business use, promote and allow for a walk-in clientele?					☐ Yes	☐ No
	If No, please explain:						

4.	Do you prepare or sell food at this location?	☐ Yes	☐ No	Do you have customer seating?	☐ Yes	☐ No
5.	Do customers purchase food at a walk-up counter?	☐ Yes	☐ No	Do wait staff take orders from the table?	☐ Yes	☐ No
6.	Describe the food sales:					
7.	Does this business involve the sale of alcohol?	☐ Yes	☐ 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)*?

	Month	Day	Year
Enter the date that the previous business vacated space.			

NOTE: If you are unsure of any of the above information, please contact the building owner or your leasing agent.

10.	Do you share this space with a separate business? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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): ☐ Yes ☐ No	Entitlement(s) required? ☐ Yes ☐ No
If yes, Case #:	If yes, type required:

☐ New Business ☐ Change of Existing Business (*check all that apply)* ☐ Address ☐ Business Activity ☐ Ownership ☐ Other *(specify):*

Comments:

REVIEW AND DETERMINATION

☐ Permitted Use—Approved ☐ Non-Permitted Use—Denied

Planning Staff Printed Name	*Signature*	*Date*
Title	*Email*	*Extension*

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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: *Number Street Unit/Suite # City State Zip*	
3	Business Mailing Address: ☐ Same as Physical Address *Number Street Unit/Suite # City State Zip*	
4	Business Phone:	Alternate Phone: ☐ Fax ☐ Mobile ☐ 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
☐ **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.	$311.30	$120.55	**$431.85**
☐ **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.	$1,030.70	$120.55	**$1,151.25**
☐ **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.	$1,578.30	$120.55	**$1,698.85**
☐ **Permit Class 4**: Large commercial bakeries, market with kitchen/deli, auto repair (4 or more bays), construction dewatering up to 18,000 gallons/day.	$2,145.37	$120.55	**$2,265.92**
☐ **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.	$2,966.11	$120.55	**$3,086.66**
☐ **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.	$5,618.50	$120.55	**$5,739.05**
☐ **Permit Class 99**: Dentists and all dental activities; Coffee shops with **no cook line**.	$166.27	$120.55	**$286.82**

☐ **None of the above** permit descriptions apply to my business activity. Please briefly describe your business activity below:

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.

Print First Name *Print Last Name*

Signature *Title* *Date*

OFFICE USE ONLY

☐ Approved:	☐ Approved By:
☐ Denied:	Reason:

SANTA MONICA—WASTE WATER PERMIT APPLICATION