



City of Santa Monica

Revenue Division  
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# BUSINESS LICENSE CHANGE OF INFORMATION FORM

FOR OUT-OF-CITY BUSINESSES ONLY

## OFFICIAL USE ONLY

BL #:

Date Stamp

### 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 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 noted below have or will occur.

### BUSINESS ENTITY INFORMATION (Current)

**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 #:

Physical Address on record:

Number

Street

Unit #

City

State

Zip

Business Phone:

Email:

Fax:

### 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):

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—OUT-OF-CITY BUSINESS