



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

**PERFORMANCE PERMIT
LOST OR STOLEN PERMIT
DECLARATION**

OFFICIAL USE ONLY

Permit #: _____

Date Stamp

Per Administrative Instruction II-4-9 section VI-6, if your permit has been lost or stolen, you must complete this form and return it to the Business License Office.

PERFORMER INFORMATION

Performer Name: _____

Mailing Address: _____

Number

Street

Unit/Suite #

City

State

Zip

Contact Phone: _____

Contact Email: _____

Performer Permit #: _____

LOST PERMIT DETAIL

Date Lost: _____

Last known location: _____

STOLEN PERMIT DETAIL

Theft Reported to SMPD (Attach a copy of the Police Report)

Police Report Number: _____

Date Report Filed: _____

Incident Details (Attach extra sheets, if needed and any supporting documents)

I declare under penalty of making a false declaration that this statement is a true, correct and complete statement.

Signature

Print Name

Date

SANTA MONICA BUSINESS LICENSE LOST OR STOLEN PERFORMANCE PERMIT DECLARATION