



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
PENALTY WAIVER REQUEST**

OFFICIAL USE ONLY

BL #:

Date Stamp

You may be eligible for relief or reduction of the late payment penalties assessed. Complete this form to request a reduction of penalty assessed.

BUSINESS ENTITY INFORMATION

Legal Business Name/DBA:

Business Mailing Address :

Number Street Unit/Suite # City State Zip

Business Phone:

Email:

Business License #:

PENALTY INFORMATION

Fiscal Year:

From:

To:

Penalty Amount:

\$

Fiscal Year:

From:

To:

Penalty Amount:

\$

Fiscal Year:

From:

To:

Penalty Amount:

\$

REASON FOR REQUEST

Payment was mailed on or before August 31st of the year in which it was due (SMMC 6.04.170)

Please attach one of the following as proof: USPS, FedEx, UPS or any other courier service confirmation substantiating the renewal and payment were sent on or before the August 31st deadline.

Other: (Attach extra sheets, if needed and any supporting documents to substantiate your claim.)

DECLARATION AND SIGNATURE

I declare, under penalty of making a false declaration, that I am authorized to make this request and to the best of my knowledge and belief the statements made herein are true, correct, complete and made in good faith.

Printed Name

Signature

Date

OFFICE USE ONLY

Outstanding Balance Owed: \$

Penalty Amount: \$

Approved: _____

Full Waiver

Partial Waiver

Adjustment Amount:

Adjustment Date:

Denied: _____

Reason:

SANTA MONICA BUSINESS LICENSE—PENALTY WAIVER REQUEST