

REQUEST FOR BUSINESS LICENSE TAX REVIEW

NOTICE #:	
OFFICIAL USE ONLY	
DATE STAMP	

Phone: 310-458-8745 Fax: 310-451-3283
 Email: Business.License@smgov.net
 Web: www.smgov.net/business.license

COMPLIANCE NOTICE INFORMATION

If you believe that the **Notice to Comply** with the City of Santa Monica business license requirements was sent to you in error, please complete this form in its entirety and return it to the Business License Office. Be sure to include a contact name, email and phone number so that we may contact you if we need additional information. You will receive a **Notice of Determination** by mail following the review of this form indicating the City's decision.

Legal Business Name /DBA: _____

Address where your notice was received:

<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>
<i>City</i>	<i>State</i>	<i>Zip</i>

Contact Name:	Contact Phone:
Contact Email:	Notice Number:

BUSINESS ENTITY INFORMATION

Please answer all questions.

1. This person or entity uses the address listed on the notice, or any other Santa Monica address, for: *(check all that apply)*
 - the operation, management or control of the entity
 - receipt of business mail, including P.O. Box addresses
 - a business checking account
 - advertisement, business cards, business letterhead, and/or a business phone number
 - filing with the Franchise Tax board (FTB) as a business or trade
 - claiming office deductions or business expenses for a commercial or a residential location

2. This person or entity used the address listed on the notice, or any other Santa Monica address, to obtain: *(check all that apply)*
 - an Employer Identification Number from the IRS
 - a Fictitious Business Name with the Los Angeles County Clerk's office
 - a Seller's Permit with the Board of Equalization (BOE)
 - any other state or federal licenses

Please specify the type(s) and license number(s): _____

3. Indicate this entity's business structure:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Corporation (LLC)
<input type="checkbox"/> Trust	<input type="checkbox"/> S-Corp/Pass Through
<input type="checkbox"/> Other <i>(please specify)</i> : _____	

4. Provide a detailed description of the business activity(ies) conducted from this address. Use additional pages if necessary.

5. Has this person received compensation as an independent contractor and/or a Form 1099 for work done in Santa Monica? Yes No

6. Does this person or entity own and/or lease property to other businesses or individuals? Yes No
If yes, please provide the full address of the owned property:

<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
7. Indicate entity's status:			Indicate date this status was obtained:		
<input type="checkbox"/> Dissolved	<input type="checkbox"/> Merged Out	<input type="checkbox"/> Active	<input type="checkbox"/> Suspended	Month	Day
<input type="checkbox"/> Forfeited	<input type="checkbox"/> Canceled	<input type="checkbox"/> Expired	<input type="checkbox"/> Surrendered	Year	

EXCEPTION INFORMATION

8. If applicable, select one or more of the following reasons that you believe this person or entity is not required to comply with the City's business license requirements:

A. A Santa Monica Business License has already been issued to this person or legal entity.
License #: _____ Expiration date: _____

B. This entity is recognized as a tax-exempt organization. *Please provide proof of exemption.*

C. This notice was sent to a W2 (salaried) employee with no other business income.

D. This person or entity holds an active State of California License, but is not actively engaged in the specified trade.
License #: _____ Expiration date: _____

E. **This business does not operate in Santa Monica.** The address listed on the notice is solely used for (*pick one*):

i. receipt of business mail, including P.O. Box addresses

ii. an accountant's or an attorney's office

iii. The Agent for Service of Process (applies to legal entities only). *NOTE: The Agent of Service is the person authorized to receive correspondence for your entity.*

If this entity does not operate in Santa Monica, please provide the complete address where business is operated:

<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Where applicable, provide the business license number for the city in which it is operated: <i>Attach a copy of the current valid business license.</i>					
License #: _____			Expiration date: _____		

9. Please use the space below to include any information not covered by the previous questions. Be as detailed as possible in your description. Use additional pages if necessary.

ACKNOWLEDGMENT 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.

Signature: _____ Title: _____

Printed name: _____ Date: _____

OFFICE USE ONLY		
Staff reviewing: _____	Determination date: _____	Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Denied