



**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

## REQUEST FOR BUSINESS LICENSE TAX REVIEW

Notice #: \_\_\_\_\_

**OFFICIAL USE ONLY**

BL #: \_\_\_\_\_

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 and return it to the Business License Office. Include a contact name and phone number so 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.

### BUSINESS ENTITY INFORMATION

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address where your notice was received:

\_\_\_\_\_  
*Number Street Unit/Suite # City State Zip*

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Notice Number: \_\_\_\_\_

### BUSINESS ACTIVITY

Please answer all questions below:

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.

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*Complete next page*



5.	Has this person received compensation as an independent contractor and/or a Form 1099 for work done in Santa <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
6.	Does this person or entity own and/or lease property to other businesses or individuals? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If yes, please provide the full address of the owned property:</i>

	<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
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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	<b>Month</b>	<b>Day</b>	<b>Year</b>		
	<input type="checkbox"/> Forfeited	<input type="checkbox"/> Canceled	<input type="checkbox"/> Expired	<input type="checkbox"/> Surrendered					

**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
	A. <input type="checkbox"/> A Santa Monica Business License has already been issued to this person or legal entity.
	License #: _____ Expiration date: _____
	B. <input type="checkbox"/> This entity is recognized as a tax-exempt organization. <i>Please provide proof of exemption.</i>
	C. <input type="checkbox"/> This notice was sent to a W2 (salaried) employee with no other business income.
	D. <input type="checkbox"/> This person or entity holds an active State of California License
	License #: _____ Expiration date: _____
	E. <input type="checkbox"/> <b>This business does not operate in Santa Monica.</b> The address listed on the notice is <u>solely</u> used for ( <i>pick one</i> ):
	i. <input type="checkbox"/> receipt of business mail, including P.O. Box addresses
	ii. <input type="checkbox"/> an accountant's or an attorney's office
	iii. <input type="checkbox"/> The Agent for Service of Process (applies to legal entities only) address. <b>NOTE:</b> <i>The Agent of Service is the person authorized to receive correspondence for your entity.</i>

	If this entity does not operate in Santa Monica, please provide the complete address where the business is operated:	
	<i>Number</i> <i>Street</i> <i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i>	

	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 when submitting this form.</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
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