CITY OF CARMEL-BY-THE-SEA

DEPARTMENT OF COMMUNITY PLANNING AND BUILDING

P.O. Drawer G, Carmel-by-the-Sea, California 93921

Phone: (831) 620-2010 FAX: (831) 620-2014

APPLICATION FOR BUSINESS LICENSE

(TYPE OR PRINT CLEARLY)

BUSINESS LOCATION AND OWNER(S) INFORMATION

BUSINESS NAME (DBA)					(AREA CODE) PHONE
BUSINESS LOCATION **(NO P.O. BOX)**	STREET & ADDRESS	STE/APT #	BLOCK	LOT(S)	APN#
MAILING ADDRESS					
APPLICATION IS FOR A	☐ SOLE PROPRIETORSHIP	☐ PARTNERSHIP	☐ LLC/CORPORATION	GIVE LEGAL NAME OF LLC OR CORPORATION BELOW	
NAME (Sole proprietor, Partner 1, or LLC/Corporation)	TITLE	SOCIAL SECURITY OR FEDERAL ID #			(AREA CODE) PHONE
# OF EMPLOYEES	FULL TIME	PART TIME	# OF PARKING SPACES AVAILABLE		FREQUENCY OF DELIVERIES
EMAIL ADDRESS					

BUSINESS INFORMATION (*START DATE is the date you plan to open your business in Carmel-by-the-Sea)

FULL DESCRIPTION OF BUSINESS ACTIVITY			
ANCILLARY USE (IF APPLICABLE)			
APPLICATION DATE	BUSINESS START DATE*	CA STATE RESALE LICE#	LIC# (CONTRACTORS)
TYPE OF BUSINESS	☐ RETAIL ☐ RESTAURANT	☐ PROFESSIONAL SERVICES ☐ CONTRACTOR	☐ BUILDING/YARD MAINTENANCE ☐ MANUFACTURING ☐ FESTIVAL/OTHER DESCRIBE: _____

ADDITIONAL INFORMATION

IS THIS A CHANGE OF OWNERSHIP?	☐ YES	☐ NO	FORMER OWNER'S NAME
IS THIS A NAME CHANGE IN BUSINESS OR CORPORATION?	☐ YES	☐ NO	FORMER BUSINESS OR CORPORATION NAME
IS THIS A BUSINESS ADDRESS CHANGE?	☐ YES	☐ NO	FORMER BUSINESS ADDRESS

PROPERTY OWNER INFORMATION (FOR EMERGENCY USE ONLY)

CONTACT NAME	FULL HOME ADDRESS	(AREA CODE) PHONE
CONTACT NAME	FULL HOME ADDRESS	(AREA CODE) PHONE

SIGNATURE OF APPLICANT

PRINT FULL NAME BELOW

PRINT NAME HERE

Signature	Title	Date

I, THE UNDERSIGNED, UNDER PENALTY OF PERJURY, STATE THAT I AM THE APPLICANT FOR THIS BUSINESS LICENSE. THAT THE INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE ADMINISTRATIVE FEE IS NON-REFUNDABLE AND THAT I AM RESPONSIBLE TO PAY ANY BUSINESS LICENSE TAXES ON ALL REVENUES COLLECTED WITHIN THE CITY LIMITS. I WILL ALSO NOTIFY THE CITY OF ANY CHANGES IN OWNERSHIP OR ADDRESS.

FOR OFFICE USE ONLY

DATE RECEIVED	RECEIPT#	RECEIVED BY	BUSINESS LICENSE NUMBER	ID#
ISSUE DATE	RENEWAL DATE	SIC	CLASS	DATE MAILED
NOTES:				

APPROVED BY	PLANNING DEPT	SIGNATURE
DATE	NOTES:	

THIS DOCUMENT CONTAINS INFORMATION EXEMPT FROM MANDATORY DISCLOSURE UNDER THE CALIFORNIA PUBLIC RECORDS ACT

FOR OFFICE USE ONLY		
ZONING DISTRICT	USE CLASSIFICATION (PRIMARY)	USE CLASSIFICATION (SECONDARY)
USE PERMIT NOT REQUIRED	USE PERMIT (PERMITTED)	USE PERMIT (NONCONFORMING)
USE PERMIT REQUIRED	USE PERMIT #	USE PERMIT DATE
REVIEWED BY/DATE	NOTES	

		DATE	NOTES
NOTICE AND AFFIDAVIT	☐ RECEIVED		
SIGNED CONDITIONS OF APPROVAL	☐ RECEIVED		
FIRE INSPECTION	☐ COMPLETED		

IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE IF YOU MOVE, SELL, OR MAKE ANY SUBSTANTIAL CHANGE TO YOUR BUSINESS.

THERE ARE NO REFUNDS ON BUSINESS LICENSE APPLICATIONS

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