



**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
CHANGE OF NAME

(TYPE OR PRINT CLEARLY)

Name of Principal (s)/Owner (s): _____

Telephone: (Business) (831) _____ Home/Cell: () _____ FAX: () _____

Present Name of Business: _____

Proposed name of Business: _____

Mailing Address of Business: _____

Ownership Type: (Circle One) Sole / Corporation / Partnership / Limited Liability Corporation

Street Location of Business(Circle One): N/s S/s E/s W/s of _____ between
_____ and _____ OR

S/W N/W S/E N/E Corner of _____ and _____

Block: _____ Lot(s): _____ APN #: _____

Floor Level of Business (Circle Applicable): Basement 1st 2nd Floor area: _____ # of Exits: _____

Proposed Use/Business Activities: Include a DETAILED description of the specific products or services you
intend to offer: _____

Ancillary Use*: _____

*Requires floor plan to be submitted with application showing the location and amount of floor space and display area occupied by both the primary
and ancillary uses.

Name of Property Owner: _____ Court/Bldg: _____

Open _____ Days per Week Hours of Operation _____

of Employees (including Owner/Manager): Full Time _____ Part Time _____

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

**I, THE UNDERSIGNED, UNDER PENALTY OF PERJURY, DEPOSE AND SAY THAT I AM THE
APPLICANT FOR THIS BUSINESS LICENSE. THAT THE INFORMATION FURNISHED BY ME ON THIS
APPLICATION IS TRUE AND CORRECT. THAT I HAVE EXECUTED A VALID LEASE AGREEMENT
AND/OR HAVE THE WRITTEN APPROVAL OF THE PROPERTY OWNER TO APPLY FOR A
BUSINESS LICENSE FOR THE SPACE INDICATED. THAT I UNDERSTAND THE APPLICATION FEE
IS NONREFUNDABLE SHOULD I NOT PURSUE THIS.**

Signature of Applicant _____

Date _____

City Use Only

BL # _____ ID# _____ C.O.C # _____ P _____ BL & COO mailed _____

PROOF OF WORKERS' COMPENSATION INSURANCE

State law requires that every employer who applies for a business license shall provide valid Workers' Compensation Insurance or proof of compliance with the State Labor Code. Accordingly, please respond to one of the following questions:

- I have and will provide a Certificate of Self-Insurance issued by the State Director of Industrial Relations.
- I have and will provide a Certificate of Workers' Compensation Insurance.
- I certify that, in the performance of work for which this license is issued, I shall not employ any person in any manner that is or will become subject to the Workers' Compensation laws of the State of California.

Printed Name

Signature of Applicant

Date

Title (Owner/Manager/Partner, etc.)