



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	<input type="checkbox"/> SOLE PROPRIETORSHIP		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> LLC/CORPORATION	
GIVE LEGAL NAME OF LLC OR CORPORATION BELOW						
NAME (Sole proprietor, Partner 1, or LLC/Corporation)		TITLE	ADDRESS		(AREA CODE) PHONE	
# OF EMPLOYEES	FULL TIME	PART TIME	# OF PARKING SPACES AVAILABLE		FREQUENCY OF DELIVERIES	
EMAIL ADDRESS			REQUIRED: FEDERAL ID #			

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

PRIMARY USE - PLEASE PROVIDE FULL DESCRIPTION OF BUSINESS ACTIVITY: ATTACH SUPPLEMENTAL PAGE, IF NECESSARY			
ANCILLARY USE (IF APPLICABLE)			
APPLICATION DATE	BUSINESS START DATE*	CA STATE RESALE LICE#	LIC# (CONTRACTORS)
TYPE OF BUSINESS	<input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT	<input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> BUILDING/YARD MAINTENANCE <input type="checkbox"/> MANUFACTURING
<input type="checkbox"/> FESTIVAL/OTHER DESCRIBE: _____			

PREVIOUS BUSINESS AT LOCATION (REQUIRED)

BUSINESS NAME	TYPE OF BUSINESS	FLOOR SPACE
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ADDITIONAL INFORMATION

IS THIS A CHANGE OF OWNERSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FORMER OWNER'S NAME
IS THIS A NAME CHANGE IN BUSINESS OR CORPORATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FORMER BUSINESS OR CORPORATION NAME
IS THIS A BUSINESS LOCATION CHANGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FORMER BUSINESS LOCATION

PROPERTY OWNER SIGNATURE

PROPERTY OWNER	PROPERTY OWNER SIGNATURE	(AREA CODE) PHONE
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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	BUSINESS LICENSE NUMBER	RECEIVED BY	RECEIPT#	ID#
ISSUE DATE	RENEWAL DATE	SIC	CLASS	DATE MAILED
NOTES:				
APPROVED BY	PLANNING DEPT	SIGNATURE		
DATE	NOTES:			

FOR OFFICE USE ONLY

Planning Division

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	

Building Division

OCCUPANCY CHANGE (Y/N)	CURRENT OCCUPANCY	PROPOSED OCCUPANCY
INSPECTION REQUIRED	INSPECTION PASSED	INSPECTION FAILED
FIRE CODE OPERATIONAL PERMIT REQUIRED	BUILDING PERMIT	PERMIT APPROVAL
REVIEWED BY/DATE	NOTES	

FIVE DAY APPEAL PERIOD	<input type="checkbox"/> COMPLETED	DATE	NOTES
SIGNED CONDITIONS OF APPROVAL	<input type="checkbox"/> RECEIVED	DATE	NOTES
FIRE INSPECTION	<input type="checkbox"/> PASSED	DATE	NOTES

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. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

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New License/Change of Use, Location or Owner:		Change of Business Name:	
Application Fee:	\$108.00	Application Fee:	\$15.00
Administrative Fee:	\$128.00	Disability & Access	
Inspection Fee:	\$139.00	Education Funding Fee:	\$4.00
Disability & Access			
Education Funding Fee	\$4.00		
TOTAL:	\$379.00	TOTAL:	\$19.00
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