



CITY OF CARMEL BY THE SEA
COMMUNITY PLANNING AND BUILDING
 PO Box CC, CARMEL, CA 93921
APPLICATION FOR BUSINESS LICENSE

Fee: \$ _____
 Receipt: _____
 Date: _____
 Application No: _____

Application Type (Select Applicable): New Business Owner Change Location Change Name Change

Business Information	Business Name* (DBA): _____ <small>*Name to appear on business sign</small>
	Business Location: _____ <small>Street Address (no PO BOX) UNIT/STE/APT</small>
	Block: _____ Lot(s): _____ Assessor's Parcel Number (APN): _____
	Business Mailing Address: _____
	Business Phone: _____ Business Email (if applicable): _____ Business Website/Social Media (if applicable): _____
Applicant Information	This business is a: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/Corporation <input type="checkbox"/> Other _____
	Name of Sole Proprietor/Partner 1/LLC or Corporation: _____
	Applicant Name: _____ Title: _____
	Applicant Mailing Address: _____ Applicant Phone: _____ Applicant Email: _____
Tax ID Number	Federal ID# or Social Security Number: _____
	CA State Resale License Number (if applicable): _____
	Contractor's License Number (if applicable): _____
Business Description	Type of Business (select one): <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Professional Service <input type="checkbox"/> Contractor <input type="checkbox"/> Transient Rental <input type="checkbox"/> Building/Yard Maintenance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other _____
	Primary Use: _____ <small>Please provide a full description of business activities –attach supplemental page, if necessary.</small>
	Ancillary Use: _____ <small>Please provide a full description of the ancillary use (if applicable).</small>
	Total Number of Employees: _____ Full-Time: _____ Part-Time: _____
	Number of Parking Spaces: _____ Frequency of Deliveries: _____ (weekly/monthly) <small>Circle</small>
	Proposed Business Start Date: _____
	Business Square Footage: _____ square feet
Previous Business	Previous Business at Location*: _____
	Previous Business Type*: _____ <small>*Inquire with property owner if unknown.</small>

Continued on next page.

Additional Information

Change of Ownership Applications Only:

Former Owners Name: _____

Date of Ownership Change: _____

Change in Business Name or Corporation Name Applications Only:

Former Business Name or Corporation Name: _____

Change in Location Applications Only:

Former Business Location: _____

Transient Rental Applications Only:

Number of Existing Residential Units in Building: _____ Number of Transient Units Proposed: _____

Unit Numbers of Proposed Transient Rental Unit(s)*: _____

*If a multi-unit building, please include a floor plan and/or site plan clearly indicating the location of all transient rental units and non-transient rental units.

Acknowledgments

Property Owner Name: _____

Property Owner Signature: _____

Date: _____

Property Owner Phone: _____

Applicant Name¹: _____

Applicant Signature¹: _____

Date: _____

¹ 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	ID Number	Receipt Number	Received By
Issue Date	Renewal Date	SIC	Class	Date Mailed
Notes:				
Approved by	Planning Department		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.**

New License/Change of Use, Location or Owner:		Change of Business Name:	
Application Fee:	\$110.00	Application Fee:	\$15.00
Administrative Fee:	\$135.00	Disability & Access	
Inspection Fee:	\$145.00	Education Funding Fee:	\$4.00
Disability & Access			
Education Funding Fee	\$4.00		
TOTAL:	\$394.00	TOTAL:	\$19.00