



**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)

FULL DESCRIPTION OF BUSINESS ACTIVITY			
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**

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

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	

NOTICE AND AFFIDAVIT	<input type="checkbox"/> RECEIVED	DATE	NOTES
SIGNED CONDITIONS OF APPROVAL	<input type="checkbox"/> RECEIVED	DATE	NOTES
FIRE INSPECTION	<input type="checkbox"/> COMPLETED	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:

Application Fee: \$108.00  
 Administrative Fee: \$128.00  
 Inspection Fee: \$139.00  
 Disability & Access  
 Education Funding Fee \$4.00

Change of Business Name:

Application Fee: \$15.00  
 Disability & Access  
 Education Funding Fee: \$4.00

**TOTAL: \$379.00**

**TOTAL: \$19.00**

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