



**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):** \_\_\_\_\_  
\*Name to appear on business sign  
**Business Location:** \_\_\_\_\_  
Street Address (no PO BOX) UNIT/STE/APT  
**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:**  Sole Proprietorship  Partnership  LLC/Corporation  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):**  Retail  Restaurant  Professional Service  Contractor  Transient Rental  
 Building/Yard Maintenance  Manufacturing  Other \_\_\_\_\_  
**Primary Use:** \_\_\_\_\_  
Please provide a full description of business activities –attach supplemental page, if necessary.  
**Ancillary Use:** \_\_\_\_\_  
Please provide a full description of the ancillary use (if applicable).  
**Total Number of Employees:** \_\_\_\_\_ **Full-Time:** \_\_\_\_\_ **Part-Time:** \_\_\_\_\_  
**Number of Parking Spaces:** \_\_\_\_\_ **Frequency of Deliveries:** \_\_\_\_\_ (weekly/monthly)  
Circle  
**Proposed Business Start Date:** \_\_\_\_\_  
**Business Square Footage:** \_\_\_\_\_ square feet

Previous Business

**Previous Tenant at Location\*:** \_\_\_\_\_  
**Previous Tenant Business Type\*:** \_\_\_\_\_  
\*Inquire with property owner or property manager if unknown.

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 Name<sup>1</sup>:** \_\_\_\_\_

**Applicant Signature<sup>1</sup>:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<sup>1</sup> 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:	\$195.00	Application Fee:	\$23.00
Inspection Fee:	\$153.00	Disability & Access	
Disability & Access		Education Funding Fee:	\$4.00
Education Funding			
Fee:	\$4.00		
<b>TOTAL:</b>	<b>\$352.00</b>	<b>TOTAL:</b>	<b>\$27.00</b>