



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 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:	\$16.00
Administrative Fee:	\$55.00	Disability & Access	
Inspection Fee:	\$145.00	Education Funding Fee:	\$4.00
Disability & Access			
Education Funding Fee	\$4.00		
TOTAL:	\$314.00	TOTAL:	\$20.00