



CITY OF CARMEL-BY-THE-SEA
Administration Department
 P.O. Box CC, Carmel-by-the-Sea, California 93921
 Phone: (831) 620-2000 FAX: (831) 620-2004
APPLICATION FOR IN-AND-ABOUT BUSINESS LICENSE
 (TYPE OR PRINT CLEARLY)

BUSINESS LOCATION AND OWNER(S) INFORMATION

BUSINESS NAME (DBA)					(AREA CODE) PHONE	
BUSINESS LOCATION	STREET & ADDRESS	STE/APT #	CITY	STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM LOCATION)						
MANAGER NAME (Sole proprietor, Partner, or LLC/Corporation)		TITLE	ADDRESS		(AREA CODE) PHONE	
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 ABOVE		
REQUIRED: FEDERAL ID #			EMAIL ADDRESS			

BUSINESS INFORMATION (*START DATE is the date you intend to perform business in Carmel-by-the-Sea)

FULL DESCRIPTION OF BUSINESS ACTIVITY			
BUSINESS START DATE*	CA STATE RESALE LICE#	LIC# (CONTRACTORS)	LIC TYPE (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: _____

PROOF OF EMPLOYERS' WORKERS' COMPENSATION INSURANCE

<input type="checkbox"/>	I have and will provide a Certificate of Self-Insurance issued by the State Director of Industrial Relations.
<input type="checkbox"/>	I have and will provide a Certificate of Workers' Compensation Insurance.
<input type="checkbox"/>	I certify that, in the performance of work for which this license is issued, I shall not employ any person in any manner that is or will become subject to the Workers' Compensation laws of the State of California.

FEES AND TAXES

FEES: ADMINISTRATION \$20.00 ADA STATE TAX \$4.00.....TOTAL FEE \$24.00	
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.	
_____ Signature of Applicant	_____ Date

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:			