



**City of  
Santa Monica**

Revenue Division  
PO Box 2200  
Santa Monica, CA 90407-2200

P: 310-458-8745 • F: 310-451-3283  
E: business.license@santamonica.gov  
W: santamonica.gov/businesslicense

**BUSINESS LICENSE APPLICATION  
RESIDENTIAL LOCATION**

Notice #:	
<b>OFFICIAL USE ONLY</b>	
BL #:	
Fees Paid: \$	_____
Paid By:	<input type="checkbox"/> Ca. <input type="checkbox"/> Ck # _____ <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> Disc. <input type="checkbox"/> MC <input type="checkbox"/> Web
Date Paid:	_____
Processed by:	_____

**Santa Monica Business License Period—July 1 through June 30**

There is no proration for a business license issued after the start of a licensing period. A standard business license will expire on the next June 30th after it was issued. (SMMC 6.04.120 and 6.04.110)

Complete this application if your business is operated from a residential location within the City of Santa Monica.

**BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)**

1	DBA (if applicable):				
2	Legal Business Name:				
3	Business Physical Address:				
	Number	Street	Unit/Suite #	City	State Zip
4	Business Mailing Address:				
	<input type="checkbox"/> Same as Physical Address				
	Number	Street	Unit/Suite #	City	State Zip
5	Business Phone:		Alternate Phone: <input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Other		
6	Date business began or will begin within the City of Santa Monica?	Month	Day	Year	Is this business a non-profit or exempt entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
					If yes, please provide documentation with your application
7	Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			Corporation/LLP/LLC Entity #:	
8	Email:			Website:	
9	Please describe your general business activities and the specific business activities that take place at your residential location in detail below:				
10	NAIC Code (if known):		Resale Number (if applicable):		Federal Employer ID #:
11	State License # (if applicable):		License Type:		Exp. Date:
12	Does this business sell tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No		If selling goods, what type of sales? <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Both <input type="checkbox"/> N/A		

**OWNER/OFFICER INFORMATION (ALL FIELDS REQUIRED)**

13	First Name:		Last Name:		
	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____				
	Residential Address:				
	Number	Street	Unit/Suite #	City	State Zip
	Email:		Date of Birth:	Driver's License or Gov't Issued ID:	Phone:

**ADDITIONAL OWNER/OFFICER INFORMATION (IF APPLICABLE)**

14	First Name:		Last Name:		
	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____				
	Residential Address:				
	Number	Street	Unit/Suite #	City	State Zip
	Email:		Date of Birth:	Driver's License or Gov't Issued ID:	Phone:

SANTA MONICA BUSINESS LICENSE APPLICATION RESIDENTIAL

Complete next page

**AUTHORIZED REPRESENTATIVE CONTACT INFORMATION**

15	<input type="checkbox"/> Same as owner	First Name:	Last Name:	Title:
		Contact Phone:	Email:	

**BUSINESS ACTIVITY INFORMATION (REQUIRED)**

16 Please designate the type of business you are or intend to engage in at the address in line 3:

<input type="checkbox"/> Agent/Broker (Commodities, Real Estate, Etc.)	<input type="checkbox"/> Professions (Lawyer, Doctor, Etc.)
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Rental of Property (Commercial or Residential) — <b>submit the Lessor Supplemental Form with this application</b>
<input type="checkbox"/> Building Contractor (Specialty: _____)	<input type="checkbox"/> Retail/Wholesale/Manufacturing
<input type="checkbox"/> Corporate or Administrative Headquarters	<input type="checkbox"/> Service
<input type="checkbox"/> Delivery or Pickup — <b>complete the delivery application</b>	<input type="checkbox"/> Other (specify): _____

17 Number of personnel working 4 hours or more per week at this site? \_\_\_\_\_ Per Santa Monica Municipal Code 9.53.010, an accurate employee count is required to comply with Transportation Demand Management. For questions, email [TDMPlans@santamonica.gov](mailto:TDMPlans@santamonica.gov).

18  Check here if you do not wish your business' information posted on the City of Santa Monica's website.

**DECLARATION AND SIGNATURE (ALL FIELDS REQUIRED)**

I declare, under penalty of making a false declaration, that I am authorized to complete this form, and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable Santa Monica Municipal Code provisions, state and federal laws and all conditions set forth above. I also understand and I am familiar with such local, state and federal laws and the conditions set forth above may result in revocation of this license.

Print Name:	Title:
Signature:	Date:

**FEES DUE:**

**RETURN ENTIRE APPLICATION PACKET TO EMAIL ADDRESS ABOVE**  
 Once the application is processed, you will receive an email with instructions on how to pay the applicable taxes and fees. *Acceptance of payment does not constitute approval of business license. Authorization to conduct business is not granted until license is issued.*

**Check here and enter \$0 in the Business License Tax box below if claiming the Business License Tax Exemption (BLTE)**  
*You may not claim the exemption if annual worldwide gross receipts will exceed \$100,000.00 or if you are filing this application more than thirty (30) days after your business start date.*

**Check here and enter Exempt in the Business License Tax box below if claiming tax exempt status.**  
*Please submit proof of exemption status with your application.*

<p><b>\$4.00 Fee Required by the State of California:</b></p> <p>On October 11, 2017, Governor Brown signed into law Assembly Bill 1379, mandating cities to charge a State Fee of \$4.00 to any business license application or renewal, effective January 1, 2018. This fee will provide a funding source for increased education on disability access and compliance with construction-related accessibility requirements to facilitate compliance with the federal and state disability laws.</p> <p>For questions about this fee, visit the <a href="#">Division of the State Architect (link is external)</a> website.</p>	LICENSE FEES DUE		OFFICIAL USE ONLY
	Please Note: Fee payments are non-refundable		
	Business License Tax	\$ 75.00	\$
	State Mandated Fee	\$ 4.00	\$
	Late Penalty	\$	\$
	Processing Fee	\$ 40.00	\$
	Additional Fees	\$	\$
	Total Due	\$	\$
	Amount Paid	\$	\$
	Fees Due	\$	\$

SANTA MONICA BUSINESS LICENSE APPLICATION — RESIDENTIAL

Thank you for doing business in the City of Santa Monica!



## NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS

### DISABILITY ACCESS REQUIREMENTS AND RESOURCES

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

DEPARTMENT OF  
GENERA SERVICES,  
Division of the State Architect,  
CASp Program

[www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa)

[www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp)

DEPARTMENT OF  
REHABILITATION  
Disability Access Services

[www.dor.ca.gov](http://www.dor.ca.gov)

[www.rehab.cahwnet.gov/](http://www.rehab.cahwnet.gov/)

[disabilityaccessinfo](http://www.rehab.cahwnet.gov/disabilityaccessinfo)

DEPARTMENT OF  
GENERA SERVICES, California  
Commission on Disability  
Access

[www.cdda.ca.gov](http://www.cdda.ca.gov)

[www.cdda.ca.gov/resources-](http://www.cdda.ca.gov/resources-)

[menu/](http://www.cdda.ca.gov/resources-menu/)

### CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit [www.apps2.dgs.ca.gov/DSA/casp/casp\\_certified\\_list.aspx](http://www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx).

<CONTINUED ON REVERSE>

## **GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING**

State and federal programs below are available to assist businesses with access compliance and access expenditures:

### **Disabled Access Credit for Eligible Small Businesses**

**FEDERAL TAX CREDIT**—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at [www.irs.gov](http://www.irs.gov).

**STATE TAX CREDIT**—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at [www.ftb.ca.gov](http://www.ftb.ca.gov).

### **Architectural and Transportation Barrier Removal Deduction**

**FEDERAL TAX DEDUCTION**—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at [www.irs.gov](http://www.irs.gov).

### **California Capital Access Financing Program**

**STATE FINANCE OPTION**—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at [www.treasurer.ca.gov/cpcfca/calcap/](http://www.treasurer.ca.gov/cpcfca/calcap/).

## **FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES**

**AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)** —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at [www.ada.gov](http://www.ada.gov).

**CALIFORNIA BUILDING CODE (CBC)**—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at [www.bsc.ca.gov](http://www.bsc.ca.gov).



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**BUSINESS LICENSE  
STATEMENT OF GROSS RECEIPTS  
(6 MONTHS)**

**OFFICIAL USE ONLY**

BL #:	
2021:	\$
2022:	\$
2023:	\$
2024:	\$
2025:	\$

**BUSINESS ENTITY INFORMATION**

Legal Business: \_\_\_\_\_ DBA (if applicable): \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
Number Street Unit/Suite # City State Zip

Contact Information: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Provide the **gross receipts\*** attributable to your Santa Monica location for the applicable years in the table below, as recorded on the books and records of the business. For the years that do not apply, please enter zero. For City business tax purposes, there are no deductions for business expenses. See the Definition of Gross Receipts for clarification located at our website noted above. Financial statements and copies of your Federal and/or State tax returns may be requested by the Santa Monica Finance Department to support the reported gross receipts. **Please do not send these documents unless requested.**

Business License taxes are based on income producing activity. An apportioning taxpayer may reduce receipts by a percentage that reflects the proportion of the cost of in-city to out-of-city activity. A business may deduct gross receipts deemed to be directly attributable to income producing activities carried on outside the City of Santa Monica. For assistance with this process you may wish to consult with a tax advisor.

Date business began within the City of Santa Monica?	Month		Day		Year	

Reporting Period			Santa Monica Gross Receipts	Reporting Period			Santa Monica Gross Receipts
Dates From	To	Dates To	Enter Amounts	Dates From	To	Dates To	Enter Amounts
01/01/2021	To	06/30/2021	\$	07/01/2021	To	12/31/2021	\$
01/01/2022	To	06/30/2022	\$	07/01/2022	To	12/31/2022	\$
01/01/2023	To	06/30/2023	\$	07/01/2023	To	12/31/2023	\$
01/01/2024	To	06/30/2024	\$	07/01/2024	To	12/31/2024	\$
01/01/2025	To	06/30/2025	\$				

\* Corporate Headquarters/Administration Offices are required to report the annual operating expenses equal to the annual rental value of real property, payroll and utility costs of the Corporate/Administrative Headquarters located in Santa Monica. Please complete "Statement of Cost of Operations".

- "Gross Receipts" shall not include:**
- (i) The amount of any Federal tax imposed on or with respect to retail sales whether imposed upon the retailer or upon the consumer and regardless of whether or not the amount of Federal tax is stated to customers as a separate charge.
  - (ii) Any California State, city, or city and county sales or use tax required by law to be included in or added to the purchase price and collected from the consumer or purchaser.
  - (iii) Such part of the sales price of any property previously sold and returned by the purchaser to the seller which is refunded by the seller by way of cash or credit allowances given or taken as part payment on any property so accepted for resale.
  - (iv) Any refundable deposit which is returned to the depositor.
  - (v) That portion of the receipts of a general building contractor licensed under Sections 6.08.060 or 6.08.070, which represents payments to subcontractors, provided such subcontractors are licensed under the provisions of this Chapter and that the general contractor furnishes the Director of Finance with the names and addresses of the subcontractors and the amounts paid to each subcontractor.
  - (vi) Bad debts taken from gross receipts reported during a prior tax year in accordance with generally acceptable accounting practices.
  - (vii) Anything which the City of Santa Monica may not lawfully include by virtue of the Constitution of the United States or the Constitution of the State of California.
  - (viii) Fees for actual costs of governmental requirements (e.g., inspections, plan checks, etc.) paid by a licensee on behalf of a third party.

I declare, under penalty of making a false declaration, that I am authorized to make this statement and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith for the periods stated.

\_\_\_\_\_  
 Printed Name Signature Date

SANTA MONICA BUSINESS LICENSE—STATEMENT OF GROSS RECEIPTS

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**BUSINESS LICENSE  
RESIDENTIAL ZONING  
CONFORMANCE CHECKLIST**

**OFFICIAL USE ONLY**

BL#

Home occupations must be clearly incidental and secondary to the primary residential use of a dwelling unit and compatible with surrounding residential uses. It allows for the gainful employment in the home by any occupant of a dwelling so long as the enterprise does not require frequent customer access or have associated characteristics that would reduce the surrounding residents' enjoyment of their neighborhood.

**BUSINESS ENTITY INFORMATION**

Legal Business Name: \_\_\_\_\_ DBA (if applicable): \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
Number Street Unit/Suite # City State Zip

Contact Information: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ # of employees on site: \_\_\_\_\_

**A.** Please describe your business activities that take place at your residence in detail. (use additional sheets if necessary)

\_\_\_\_\_

\_\_\_\_\_

The applicant shall agree to the following criteria and conditions as part of the approval of the Home Occupation permit.  
 Failure to answer YES or N/A to any of the criteria and conditions listed herein shall constitute grounds for denial of the Home Occupation permit.

**BUSINESS ACTIVITY**

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation be conducted entirely within a dwelling or accessory building except for horticulture activities or creative activities by artists, which may be conducted outdoors? <b>NOTE:</b> This question directly relates to the home office activities, that may or may not be ancillary to activity conducted at other physical locations inside and/or outside the City. Be sure to clearly state in box <b>A</b> above the activity that occurs specifically at this residential location.
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will no employees (other than residents of the dwelling unit) work, gather, or congregate on the premises in connection with the home occupation, with the exception of babysitters, domestic staff, or cottage food operations as defined in California Health and Safety Code Section 113758?
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation ensure that no blight, hazards, or nuisances due to noise, dust, vibration, odors, smoke, glare, electrical interference, or other reasons be created or caused from any activities?
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation not result in excess use of utilities and public facilities in amounts greater than normally provided for residential use?
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you acknowledge that the home occupation permit will only be valid for the person to whom it is issued and shall be void when that person moves from the dwelling unit or discontinues the business?
6	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	If food preparation is proposed on site, have you attached the appropriate permit from the County of Los Angeles Health Department? (If food preparation is not proposed on site, select N/A.)
7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you identified all activities to be conducted and all equipment, material, or hazardous materials on this application?
8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the garage or carport be maintained for vehicle parking, with no portion of any required parking spaces be used for home occupation purposes, if such use would preclude compliance with off-street parking requirements of SMMC Chapter 9.28, Parking, Loading, and Circulation?
9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation generate no pedestrian or vehicular traffic beyond that ordinarily generated in the residential district in which it is located?
10	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	If the home occupation involves client visits, during any 24 hour period will no more than 6 client visits take place for any of the following: a psychologist, speech therapist, acupuncturist, other professional with one-on-one counseling, therapy, or treatment; or one-on-one training or teaching of dance, exercise, or yoga. (If client visits are not on site, select N/A.)

Complete next page



SANTA MONICA BUSINESS LICENSE — RESIDENTIAL ZONING CONFORMANCE CHECKLIST

