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 CHANGE OF INFORMATION FORM

FOR IN-CITY RESIDENTIAL LOCATION BUSINESSES ONLY

OFFICIAL USE ONLY

BL #:

Complete this form if you are making general changes to your existing business license.

PLEASE NOTE: A BUSINESS LICENSE IS NOT TRANSFERABLE PER SMMC §6.04.040. A NEW OWNER MUST OBTAIN A NEW BUSINESS LICENSE. NEW OR ADDITIONAL BUSINESS ACTIVITIES OR LOCATIONS REQUIRE SEPARATE BUSINESS LICENSES PER SMMC § 6.04.060 & 6.04.070.

BUSINESS ENTITY INFORMATION - CURRENT (ALL FIELDS REQUIRED)

Legal Business Name /DBA: | Business License #:

Physical Address on record:
Number Street Unit/Suite # City State Zip

Business Phone: | Email: | Fax:

CHANGE OF BUSINESS ACTIVITY OR PHYSICAL LOCATION

☐ New Business Activity (please describe):

☐ New physical address (NOT PO BOX):
Number Street Unit/Suite # City State Zip

OTHER CHANGES

☐ Business name or DBA change (*print new name here*):

New Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Trust ☐ LLC ☐ Corporation | Corporation/LLP/LLC Entity #:

☐ New or additional officer information below (*you may attach add'l sheets if necessary*):

First Name: | Last Name: | Contact phone:

Officer Address:
Number Street Unit # City State Zip

Driver's License or Gov't Issued ID #: | Contact Email: | Date of birth:

☐ New mailing address:
Number Street Unit # City State Zip

☐ New email address: | ☐ New Phone Number:

☐ New Federal Tax ID (FEIN): | ☐ New State Resale #: | ☐ New State License #:

☐ Other changes—provide details below:

ACKNOWLEDGEMENT AND CONFIRMATION

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 and correct and complete statement made in good faith.

Printed Name | *Signature* | *Date*

Return this form to: business.license@santamonica.gov for fastest processing.

SANTA MONICA BUSINESS LICENSE—CHANGE OF INFORMATION FORM—IN-CITY RESIDENTIAL LOCATION BUSINESS

This page intentionally left blank

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 GENERALSERVICES, Division of the State Architect, CASp Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF REHABILITATION Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/disabilityaccessinfo

DEPARTMENT OF GENERALSERVICES, California Commission on Disability Access

www.ccda.ca.gov

www.ccda.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*.

<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*.

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*.

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*.

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/cpcfa/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*.

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*.

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 STATEMENT OF GROSS RECEIPTS

(6 MONTHS)

OFFICIAL USE ONLY	
BL #:	
2022:	$
2023:	$
2024:	$
2025:	$
2026:	$

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		Dates To	Enter Amounts	Dates From		Dates To	Enter Amounts
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	$	07/01/2025	To	12/31/2025	$
01/01/2026	To	06/30/2026	$				

* 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

This page intentionally left blank

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 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 #	Santa Monica (City)	CA (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	☐ Yes	☐ 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? **NOTE:** 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 **A** above the activity that occurs specifically at this residential location.
2	☐ Yes	☐ 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	☐ Yes	☐ 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	☐ Yes	☐ 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	☐ Yes	☐ 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	☐ Yes	☐ 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	☐ Yes	☐ No	Have you identified all activities to be conducted and all equipment, material, or hazardous materials on this application?
8	☐ Yes	☐ 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	☐ Yes	☐ 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	☐ Yes	☐ 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

STORAGE AND SALES OF GOODS

Does this business activity involve the storage or sales of goods?
☐ Yes - please answer questions 11-13 below. ☐ No - please skip the questions below and go to the next section.

11	☐ Yes	☐ No	Will the sale of goods on the premises be limited to only products of the home occupation?
12	☐ Yes	☐ No	Where the person conducting the home occupation serves as an agent or intermediary between outside suppliers and customers, will all articles (except for samples) be received, stored, and sold directly to customers at an off-premise location?
13	☐ Yes	☐ No	Will there be no excessive or unsightly storage of materials or supplies indoors or outdoors for purposes other than those permitted in the residential district in which it is located associated with the home occupation?

VEHICLE RESTRICTIONS

Does this business activity involve the use of a vehicle?
☐ Yes - Please answer questions 14-17 below. ☐ No - please skip the questions below and go to the next section.

14	☐ Yes	☐ No	If parking for any vehicle primarily used in connection with the home occupation is provided, will it be in addition to parking required for the unit, and will the property remain in compliance with all other applicable requirements?
15	☐ Yes	☐ No	Will there be no commercial vehicles used for delivery of materials, with the exception of reasonable courier services, to or from the premises?
16	☐ Yes	☐ No	Will no more than one vehicle larger than a three-quarter ton truck be used in connection with the home occupation?
17	☐ Yes	☐ No	Will no limousine or other vehicle for hire used in connection with the home-based business be kept on site or parked in the public right-of-way in the vicinity of the site?

EXTERIOR RESTRICTIONS

18	☐ Yes	☐ No	Will the home occupation maintain the appearance of the dwelling unit (by color, materials or construction, lighting, signs, sounds or noises, vibrations, etc.) such that the structure will continue to be recognized as a residential use?
19	☐ Yes	☐ No	Will signs for the home occupation be limited to only the address and name of any resident?
20	☐ Yes	☐ No	Will there be no outdoor advertising that identifies the home occupation?

PROHIBITED LAND USES

21	☐ Yes	☐ No	Do you understand that the following home occupation uses are prohibited: ambulance service; animal hospitals or grooming facilities; automotive and other vehicle (body or mechanical), upholstery, painting, or storage; barber or beauty shops; carpentry or cabinet making; contractor storage yards; dancing schools, exercise and yoga studios, except one-on-one training or teaching that does not exceed 6 clients within 24 hours; firearms manufacture, sales, or repair; furniture refinishing or upholstery; junkyards; massage establishments, except for a massage technician who is certified by the State of California and meets all other applicable requirements for and holds a valid permit issued under Chapter 6.104 of the Municipal Code; medical offices, clinics, and laboratories, except for psychologists, speech therapists, acupuncturists, and other professionals with one-on-one counseling, therapy, or treatment that do not exceed 6 clients within 24 hours; restaurants; sexually-oriented businesses; spas and retreat centers; tattoo studios; welding or machine operation; other uses the Director determines to be similar to those listed above, or which by operation or nature are not incidental to or compatible with residential activities.
22	☐ Yes	☐ No	Will no business activity be performed involving psychic services, fortune telling, card reading, or any similar activities in connection with the operation or practice of the business?

ACKNOWLEDGEMENT

I hereby certify, under penalty of perjury, that this information is true and correct. I agree to conduct the home occupation in conformity with Santa Monica Municipal Code Section 9.31.160 and as stated in response to the above questions. This home occupation must be in conjunction with a valid business license obtained through the City of Santa Monica Business & Revenue Operations Division.

_____	_____	_____
Print Name	*Signature*	*Date*