CITY OF CARMEL-BY-THE-SEA

Administration Department

P.O. Box CC, Carmel-by-the-Sea, California 93921

Phone: (831) 620-2000

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	☐ SOLE PROPRIETORSHIP	☐ PARTNERSHIP	☐ 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

☐ RETAIL ☐ PROFESSIONAL SERVICES ☐ BUILDING/YARD MAINTENANCE ☐ FESTIVAL/OTHER

☐ RESTAURANT ☐ CONTRACTOR ☐ MANUFACTURING DESCRIBE: _____

PROOF OF EMPLOYERS' WORKERS' COMPENSATION INSURANCE

☐ I have and will provide a Certificate of Self-Insurance issued by the State Director of Industrial Relations.

☐ I have and will provide a Certificate of Workers' Compensation Insurance.

☐ 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 $40.00 ADA STATE TAX $4.00……TOTAL FEE $44.00

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:			

THIS DOCUMENT CONTAINS INFORMATION EXEMPT FROM MANDATORY DISCLOSURE UNDER THE CALIFORNIA PUBLIC RECORDS ACT

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