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

Business is Located on Floor: (List all if more than one)_____

I am Proposing Tenant Improvement Work that Will Require a Building Permit: ☐ Yes ☐ No

Previous Business

Previous Tenant at Location: _____

Previous Tenant Business Type: _____

*Any business with a primary or ancillary use involving the cooking or preparation of food is required to contact the Carmel Area Wastewater District (CAWD) for requirements regarding grease traps installations.

Additional Information

Change of Ownership Applications Only:

Former Owner's 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: _____

Property Owner Email: _____

***Applicant Name*[1]:** _____

***Applicant Signature*[1]:** _____

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	☐ COMPLETED	DATE	NOTES
SIGNED CONDITIONS OF APPROVAL	☐ RECEIVED	DATE	NOTES
FIRE INSPECTION	☐ 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.

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New License/Change of Use, Location or Owner:

Application Fee:	$326.00
Inspection Fee:	$258.00
Disability & Access Education Funding Fee:	$4.00
TOTAL:	**$588.00**

Change of Business Name:

Application Fee:	$30.00
Disability & Access Education Funding Fee:	$4.00
TOTAL:	**$34.00**

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