

# **City of Monterey**

## APPLICATION FOR LICENSE TO DO BUSINESS

Submit original form to:

City of Monterey Revenue Division 735 Pacific St. Ste A Monterey, CA 93940 (831)646-3944

|   |                            | Please complete form with indelible ink |                      |                                       |                                       |                    |                               | (831)646-3944  |  |  |
|---|----------------------------|---|----------------------|---------------------------------------|---------------------------------------|--------------------|-------------------------------|----------------|--|--|
| BUSINESS LOCATION AN  | ID OWNER(S)                | INFORMATI                               | ON                   |                                       |                                       |                    | (001)0100                     | ••••           |  |  |
| BUSINESS NAME   |                            |   |                      |                                       |                                       | (A                 | REA CODE) PHONE               |                |  |  |
| BUSINESS LOCATION (NO P.O. BOX)   | STREET & ADDR              | ESS                                     |                      | STE/APT #                             | CITY                                  | ST                 | ATE ZIP                       | CODE           |  |  |
| MAILING ADDRESS (IF DIFFERENT)  |                            |   |                      |                                       |                                       |                    |                               |                |  |  |
| APPLICATION IS FOR A  | SOLE PROPF                 | RIETORSHIP                              |                      | D PARTNERSHIP                         | CORPORATION<br>CORPORATION BI         |                    | ON, GIVE LEGAL NAME           | E OF           |  |  |
| NAME (Sole proprietor, Partner 1, or  | Corporation)               | TITLE                                   |                      | ADDRESS                               |                                       |                    | REA CODE) PHONE               |                |  |  |
| NAME (Partner 2)  |                            | TITLE                                   |                      | ADDRESS                               |                                       | (A                 | REA CODE) PHONE               |                |  |  |
| EMAIL ADDRESS   |                            |   |                      |                                       |                                       |                    |                               |                |  |  |
| BUSINESS INFORMATIO   | N (*date vou beg           | an conducting                           | business in Mo       | onterev)                              |                                       |                    |                               |                |  |  |
| FULL DESCRIPTION OF BUSINESS ACTI   |                            |   |                      |                                       |                                       |                    |                               |                |  |  |
| BUSINESS START DATE* Standa   | rd Industrial Classificati | ion (SIC) NUMBER                        | CONTRACT DU          | RATION (TEMPORARY)                    | STATE LICENSE NUMBER                  | TY                 | PE OF STATE LICENSE           |                |  |  |
| TYPE OF BUSINESS  |                            | ESSIONAL SERVIC                         |                      | ING/YARD MAINTENA<br>IFACTURING       | NCE FESTIVAL/OTH<br>Describe:         | IER RE             | SALE PERMIT NUMBER            |                |  |  |
| WILL YOU USE ANY CHEMICAL   |                            |   |                      |                                       | LOCATION OF WAREHOU                   | SE FACILITY OR STO | RAGE LOCATION                 |                |  |  |
| DOES YOUR BUSINESS INVOLV   |                            |   | LOCAL, STATE         | OR FEDERAL LAW                        | ? 🗆 YES 🗆 NO                          | IF YES PLEASE      | DESCRIBE:                     |                |  |  |
| DOES YOUR BUSINESS MAKE N   | /EDICAL MARIJUA            | NA AVAILABLE                            | ? □YES I             | □ NO                                  |                                       |                    |                               |                |  |  |
| ADDITIONAL INFORMAT   | ΓΙΟΝ                       |   |                      |                                       |                                       |                    |                               |                |  |  |
| IS THIS A CHANGE OF OWNERS  | SHIP? 🗆 YES                |   | FORMER OWNER'S       | S NAME                                |                                       |                    |                               |                |  |  |
| IS THIS A NAME CHANGE IN<br>BUSINESS OR CORPORATION?  | □ YES                      |   | FORMER BUSINES       | S OR CORPORATION NA                   | ME                                    |                    |                               |                |  |  |
| IS THIS A BUSINESS ADDRESS<br>CHANGE?   | □ YES                      |   | FORMER BUSINES       | S ADDRESS                             |                                       |                    |                               |                |  |  |
| EMERGENCY CONTACT   |                            |   |                      |                                       |                                       |                    |                               |                |  |  |
| CONFIDENTIAL INFORMATION<br>OFFSITE EMERGENCY CONTACT   | CONTACT NAME               | -                                       |                      | FULL HOME ADDRESS                     |                                       |                    | (AREA CODE) PHONE             |                |  |  |
| (for use in Police or Fire<br>emergencies only)   | CONTACT NAME               | TACT NAME                               |                      |                                       | FULL HOME ADDRESS                     |                    |                               |                |  |  |
| SIGNATURE OF APPLICA  | NT                         |   |                      |                                       |                                       |                    |                               |                |  |  |
| PRINT FULL NAME BELOW   |                            |   |                      |                                       |                                       | -                  | ATE OF GROSS ANNU             | IAL RECEIPTS   |  |  |
| PRINT NAME HERE   |                            |   | (1) 0:               | <u></u>                               |                                       | \$                 |                               |                |  |  |
| By signing below I declare unde<br>e-mail, or other electronic mean<br>Electronic Transactions Act (Ca  | s with a wet signat        | ture, pdf signatu                       | re, or any electr    | ronic signature com                   | olying with the U.S. fede             | ral ESIGN Act of   | 2000, California's U          | niform         |  |  |
| Signature   |                            |   | Title                |                                       |                                       | Date               | 2                             |                |  |  |
| †Under federal and state law, complia<br>may obtain information about your lea<br>• The Division of the |                            | w to comply with d<br>w.dgs.ca.gov/dsa/ | lisability access la | ws at the following agen<br>• The Cal | ncies:<br>ifornia Commission on Disat |                    | 0 1                           | ne public. You |  |  |
|   |                            |   |                      | FFICE USE ONL                         |                                       |                    | CD 1270-5                     |                |  |  |
| BUSINESS LICENSE NUMBER   |                            | SECTION NUMBER                          |                      | LOCATION CODE                         |                                       |                    | sB 1379†<br>add <b>\$4.00</b> |                |  |  |
| ТАХ   |                            | BID FEE                                 |                      | PENALTY / REFUND / BAL DUE            |                                       |                    | AMOUNT RECEIVED               |                |  |  |

|              | BIDTLL        | PENALTY REFORD / | BAL DOL     |        |  |
|--------------|---------------|------------------|-------------|--------|--|
| APPROVED BY: | PLANNING DEPT | FIRE DEPT        | POLICE DEPT | HARBOR |  |
| DATE SENT    | NOTES:        |                  |             |        |  |



Dear Business Owner:

Thank you for your interest in doing business in the City of Monterey. Please note that *all* business licenses expire annually at the end of our fiscal year, **June 30th**.

Your local business location, whether owned or leased, must be properly zoned by the Planning Department, and the building must meet fire code and hazardous materials standards by the Fire Department. The appropriate approvals from the departments must be received before the business license certificate is issued. For businesses operating out of the home within Monterey, a Home Occupation Permit must be obtained through the Planning Department (831-646-3885) at an additional cost.

Annual renewal notices are sent out July 1<sup>st</sup> to all business licensees. Payment of applicable business license tax is due, without penalty, by August 15<sup>th</sup> of the renewal year. It is the responsibility of the business owner to renew the business license by the due date. Penalties are assessed for delinquent accounts, regardless of whether your renewal notice was received.

#### §19-18 Penalties for delinquent payment.

For failure to pay a license tax when late and unpaid as of 12:00 midnight on August 15<sup>th</sup> of each year, the Finance Director shall add a penalty of 20%, and an additional penalty of 10% on the 15th of each month thereafter until the tax and penalty are paid; provided, that the amount of such penalty to be added shall in no event exceed 50% of the amount of the license tax due. In the event that August 15th falls on Saturday, Sunday or a holiday at such time city offices are closed, last date to make full payment to avoid the penalty will become the first working day following the Saturday, Sunday or holiday. Failure of City to provide a return form does not excuse operator from the obligation to timely remit the tax pursuant to this Article.

It is important that if you are no longer conducting business in our City, you must contact the Revenue Office to close your business license. Failure to notify our office may result in additional taxes and penalties being assessed against your account.

Additionally, if your business location has moved or you need to make name or address changes on your account, submit a new business license application and make note of the changes on the form. Business licenses are non-transferable. If you have sold your business, please call the Revenue Office or send a letter with the new owner's name and the date of transfer.

#### §19-22 Refunds.

All licenses shall be issued from the period of time set forth in the license and no licensee shall be entitled to the refund of any portion of the tax paid by reason of the termination of such licensed activity prior to the expiration of the term for which such license shall have been issued.

#### AB 1379 Fee

On and after January 1, 2018, through December 31, 2023, the following shall apply: (A) Any applicant for a local business license or equivalent instrument or permit, and any applicant for the renewal of a business license or equivalent instrument or permit, shall pay an additional fee of four dollars (\$4) for that license, instrument, or permit, which shall be collected by the city, county, or city and county that issued the license, instrument, or permit. For more information please go to:

### https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\_id=201720180AB1379

If you have additional questions, you may contact the Revenue Office at (831)646-3944.

Sincerely,

City of Monterey, Revenue Division