



City of
Santa Monica

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

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E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

BUSINESS LICENSE CLOSURE FORM

OFFICIAL USE ONLY

BL #:

Date Stamp

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)

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name/DBA:						Business License #:					
Business Physical Address:											
Number		Street		Unit/Suite #		City		State		Zip	
Contact Phone:				Email:							
Please enter the date the business last operated in Santa Monica?*						Month		Day		Year	

*IF BUSINESS WAS CONDUCTED AFTER THE BUSINESS LICENSE EXPIRE DATE, THE LICENSE MUST BE RENEWED.

CLOSURE DETAILS - Please mark the check box next to the reason for closure of the business license and add details as needed:

<input type="checkbox"/> Business is not physically located in Santa Monica and has ceased operations in Santa Monica.											
<input type="checkbox"/> Business Sold**—Please provide new owner information below:											
New owner's name:						New owner's phone number:					
New owner's address:											
Number		Street		Unit/Suite #		City		State		Zip	
<input type="checkbox"/> Business moved out of Santa Monica. Please provide new address below:											
Number		Street		Unit/Suite #		City		State		Zip	
<input type="checkbox"/> Owner is deceased						Date of Death:					
<input type="checkbox"/> Business entity dissolved, business no longer exists.						Date of Dissolution:					
<input type="checkbox"/> Other. Please provide details in the area below:											

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

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, correct and complete statement made in good faith.

Printed Name

Signature

Date

SANTA MONICA BUSINESS LICENSE—CLOSURE FORM