



City of Monterey

APPLICATION FOR LICENSE TO DO BUSINESS

RETURN THIS FORM TO:

City of Monterey - Revenue Office
 735 Pacific Street, Suite A
 Monterey, CA 93940
 (831) 646 - 3944

BUSINESS NAME		PHONE	
		()	
BUSINESS LOCATION	STREET & NUMBER (no p.o. box)	STE./APT. #	CITY
			STATE
MAILING ADDRESS (if different)			ZIP CODE
			PROMO DIST. <input type="radio"/> YES <input type="radio"/> NO
IS APPLICATION FOR A <input type="radio"/> SOLE PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> CORPORATION IF CORPORATION, GIVE LEGAL NAME OF CORPORATION.			
Name (title)	Address	(Area Code) Phone	
Name (title)	Address	(Area Code) Phone	

GIVE FULL DESCRIPTION OF BUSINESS ACTIVITY				
APPLICATION DATE	BUSINESS START DATE (in Monterey)	DURATION OF CONTRACT (if applicable)	STATE LICENSE #	TYPE OF STATE LICENSE
RESALE PERMIT		EMAIL ADDRESS		

IS THIS A CHANGE OF OWNER? <input type="radio"/> YES <input type="radio"/> NO	PREVIOUS OWNER'S NAME							
IS THIS A NAME CHANGE IN BUSINESS OR CORPORATION? <input type="radio"/> YES <input type="radio"/> NO	PREVIOUS NAME							
IS THIS AN ADDRESS CHANGE? <input type="radio"/> YES <input type="radio"/> NO	PREVIOUS ADDRESS							
WILL YOU USE ANY CHEMICALS OR FLAMMABLE MATERIALS? <input type="radio"/> YES <input type="radio"/> NO	LOCATION OF YOUR WAREHOUSING FACILITY OR STORAGE LOCATION							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:15%; vertical-align: top;"> CONFIDENTIAL INFORMATION OFFSITE EMERGENCY CONTACT (for use in police or fire emergencies only) </td> <td style="width:35%;">1. Contact Name</td> <td style="width:35%;">Full Home Address</td> <td style="width:15%;">Home Phone</td> </tr> <tr> <td>2. Contact Name</td> <td>Full Home Address</td> <td>Home Phone</td> </tr> </table>		CONFIDENTIAL INFORMATION OFFSITE EMERGENCY CONTACT (for use in police or fire emergencies only)	1. Contact Name	Full Home Address	Home Phone	2. Contact Name	Full Home Address	Home Phone
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PLEASE PRINT FULL NAME ON LINE BELOW		
I CERTIFY UNDER PENALTIES OF PERJURY THAT THE CONTENTS HEREOF ARE TRUE AND CORRECT.		ESTIMATE OF GROSS ANNUAL RECEIPTS
X	SIGNATURE	DATE

FOR OFFICE USE ONLY						
BUS. LIC#		BUS. LIC. SECTION			S.I.C.	
TAX	DTP	NM	WP	PENALTY	AMOUNT RECEIVED	

APPROVED BY	BUILDING DEPARTMENT	FIRE DEPARTMENT	PLANNING DEPARTMENT	OTHER
REMARKS				