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 | ZIP CODE

MAILING ADDRESS (If different) | PROMO DIST. YES NO

IS APPLICATION FOR A ◯ SOLE PROPRIETORSHIP ◯ PARTNERSHIP ◯ 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

IS THIS A CHANGE OF OWNER? YES NO — PREVIOUS OWNER'S NAME

IS THIS A NAME CHANGE IN BUSINESS OR CORPORATION? YES NO — PREVIOUS NAME

IS THIS AN ADDRESS CHANGE? YES NO — PREVIOUS ADDRESS

WILL YOU USE ANY CHEMICALS OR FLAMMABLE MATERIALS? YES NO — LOCATION OF YOUR WAREHOUSING FACILITY OR STORAGE LOCATION

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

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 | TITLE | 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