

CITY OF CARMEL-BY-THE-SEA
Administration Department
"IN and ABOUT" Business License Application

Post Office Box CC
Carmel, CA 93921

Phone: 831-620-2000
Fax: 831-620-2004

Business Name: _____

Name of Principal(s)/Owner(s): _____

Ownership Type: Sole Corporation Partnership Limited Liability Corporation

Required: Federal ID#: _____ or Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) _____ (Home) _____ (Fax) _____
(Cell) _____ (E-Mail) _____

For Contractors Only: State of California License #: _____ Type: _____

Proposed Use/Business Activities: Include a **detailed** description of the specific products or services you intend to offer: _____

I, THE UNDERSIGNED, UNDER PENALTY OF PERJURY, DEPOSE AND SAY THAT I AM THE APPLICANT FOR THIS BUSINESS LICENSE. THAT THE INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT. THAT I UNDERSTAND THE ADMINISTRATIVE FEE IS NON-REFUNDABLE SHOULD I NOT PURSUE THIS APPLICATION.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Administration Fee: \$50.00 Date Received: _____ Delivery Sticker Fee: _____

Business License #: _____ Receipt #: _____ Received By: _____

Issue Date: _____ Renewal Date: _____ Issued By: _____ Class: _____

Municipal Code Reference: _____ SIC Code #: _____ ID#: _____

PLEASE COMPLETE OTHER SIDE

PROOF OF EMPLOYERS' WORKERS' COMPENSATION INSURANCE

State law requires that every employer who applies for a business license shall provide valid Workers' Compensation Insurance or proof of compliance with the State Labor Code. Accordingly, please respond to one of the following questions:

- I have and will provide a Certificate of Self-Insurance issued by the State Director of Industrial Relations.
- I have and will provide a Certificate of Workers' Compensation Insurance.
- I certify that, in the performance of work for which this license is issued, I shall not employ any person in any manner that is or will become subject to the Workers' Compensation laws of the State of California.

Printed Name

Signature of Applicant

Date

Title (Owner/Manager/Partner, etc.)