

P: 310-458-4984
 E: homesharinglicense@smgov.net
 W: www.smgov.net/homeshare

BUSINESS LICENSE HOME-SHARING APPLICATION

Official Use Only	
BL #:	
Fees Paid: \$	_____
Paid By:	<input type="checkbox"/> Ca. <input type="checkbox"/> Ck # _____ <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> Disc. <input type="checkbox"/> MC <input type="checkbox"/> Web
Date Paid:	_____
Processed by:	_____

Complete this application if you are the primary resident of a dwelling unit and will be conducting a Home-Share business, as defined by SMMC §6.20. See Home-Sharing Registration Packet (HSRP) for more information. Completed applications should be submitted to the Code Enforcement Division for review.

HOME-SHARING ENTITY INFORMATION

1	DBA (if applicable):						
2	Legal Business Name:						
3	Home-Sharing Physical Address: _____ <i>Number Street Unit/Suite # City State Zip</i>						
4	Mailing Address: <input type="checkbox"/> Same as physical _____ <i>Number Street Unit/Suite # City State Zip</i>						
5	Business Phone: _____ Alternate Phone: _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other						
6	Date Home-Sharing began or will begin within the City of Santa Monica? <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="width: 20%;">Month</th> <th style="width: 20%;">Day</th> <th style="width: 20%;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Federal Employee Identification #: _____	Month	Day	Year			
Month	Day	Year					
7	Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust						
8	Email: _____ Website: _____						

RESIDENT/HOST INFORMATION

9	Number of full time occupants of the dwelling unit: _____ Please list all persons that will be hosting below <i>(use additional sheets if needed)</i>		
10	PRIMARY Resident First Name: _____	PRIMARY Resident Last Name: _____	
	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____		
	Type of Proof of Residency: <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Phone Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Credit Card Bill		
	Address: _____ <i>Number Street Unit/Suite # City State Zip</i>		Phone: _____
	Email: _____	DOB: _____	DL or Gov't Issued ID#: _____ SSN: _____
11	ADDITIONAL Resident First Name: _____	ADDITIONAL Resident Last Name: _____	
	Type of Proof of Residency: <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Phone Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Credit Card Bill		
	Address: _____ <i>Number Street Unit/Suite # City State Zip</i>		Phone: _____
	Email: _____	DOB: _____	DL or Gov't Issued ID#: _____ SSN: _____
	12	ADDITIONAL Resident First Name: _____	ADDITIONAL Resident Last Name: _____
Type of Proof of Residency: <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Phone Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Credit Card Bill			
Address: _____ <i>Number Street Unit/Suite # City State Zip</i>		Phone: _____	
Email: _____		DOB: _____	DL or Gov't Issued ID#: _____ SSN: _____
13		EMERGENCY Contact First Name: _____	EMERGENCY Contact Last Name: _____
	24 Hour Phone: _____ Email: _____		

Complete next page

HOME-SHARING ACTIVITY INFORMATION

14	Host Information:	In relation to the dwelling unit, the applicant is the: <input type="checkbox"/> Property owner <input type="checkbox"/> Lessor <input type="checkbox"/> Sub-lessor If tenant (lessor/sub-lessor), is the unit rent controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No Where in the home will the host reside during the guest’s stay?
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15	Property Information:	Select in which type of dwelling unit the Home-Sharing will take place: <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium
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16	Home-Share Activity:	List all rooms in the dwelling unit: <i>(use additional sheets if necessary)</i>	Will room be rented?	Maximum number of overnight guests	Length of stay offered*:
<p>*Note: if you are offering lengths of stay that are more than 30 days, please complete the “Lessor” application, which can be found in the “How to Apply” section at www.smgov.net/businesslicense</p>		<input type="checkbox"/> Bedroom: # of bedrooms available: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> up to 30 days <input type="checkbox"/> more than 30 days*
		<input type="checkbox"/> Office _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> up to 30 days <input type="checkbox"/> more than 30 days*
		<input type="checkbox"/> Den _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> up to 30 days <input type="checkbox"/> more than 30 days*
		<input type="checkbox"/> Living Room _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> up to 30 days <input type="checkbox"/> more than 30 days*
		<input type="checkbox"/> Guest House _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> up to 30 days <input type="checkbox"/> more than 30 days*
		<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> up to 30 <input type="checkbox"/> more than 30 days*

17	List all hosting platforms you will be using and listing numbers associated for each platform: <i>(use additional sheets if necessary)</i>	Hosting Platform Website (s)	Your Listing # (s)
_____ _____ _____		_____	_____
Advertisements for new home-shares must be provided to the Code Enforcement Division within ten days of issuance of the business license.			

DECLARATION, AFFIDAVIT AND SIGNATURE

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. I understand and agree that the granting of this license requires my compliance with all applicable Santa Monica Municipal Code provisions, state and federal laws and all conditions set forth above. I also understand and I am familiar with such local, state and federal laws and the conditions set forth above may result in revocation of this license.

I also certify that I will comply with all applicable laws, including but not limited to all limitations, conditions and requirements of Chapter 6.20 of the Santa Monica Municipal Code (“Home-Sharing Ordinance”) and the Home-Sharing Administrative Rules and Regulations. I understand that failure to comply will be grounds for revocation of my business license.

Name: _____	Title: _____
Signature: _____	Date: _____

FEES*

RETURN ENTIRE APPLICATION FORM TO CODE ENFORCEMENT DIVISION ADDRESS LOCATED ON FRONT OF FORM
Acceptance of application does not constitute approval of business license. Authorization to conduct business is not granted until license is issued.

Check here and enter \$0 in the Business License Tax box below if claiming the Small Business Exemption (SBE).
You may not claim the SBE if annual worldwide gross receipts will exceed \$40,000.00 or if you are filing this application more than thirty (30) days after your business start date.

<p>NOTE: On 9/19/12, Governor Brown signed into law Senate Bill 1186 which adds a state fee of \$1 on any applicant for a local business license, similar instrument or permit, or renewal. On 10/11/17, Governor Brown signed into law Assembly Bill 1379, which increases the fee to \$4 for six years from 1/1/18 through 12/31/23. The purpose of this fee is to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for business in order to facilitate compliance with federal and state disability laws, as specified under federal law. Compliance with disability access is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligation to comply with the disability access laws at the following agencies:</p>	LICENSE FEES		OFFICIAL USE ONLY	
	Business License Tax	\$	75.00	\$
	<input type="checkbox"/> Check here for SBE	\$	0.00	
	State Mandated Fee	\$	4.00	\$
	Late Penalty	\$		\$
	Total Due	\$		\$

The Division of the State Architect at www.dgs.ca.gov/das/home.aspx
 The Department of Rehabilitation at www.rehab.cahwnet.gov
 The California Commission on Disability Access at www.cdda.ca.gov

*Please do not remit payment at time of application submittal. Once the application has been review by the appropriate departments, you will receive an email notification of any balance due.

Thank you for doing business in the City of Santa Monica!