



CITY OF DALY CITY

333 - 90TH STREET
DALY CITY, CA 94015-1895

Phone: (650) 991-8088

Fax: (650) 991-8267

APPLICATION FOR BUSINESS LICENSE

*** CONTRACTORS / OUT-OF-TOWN***

For Office Use Only
Lic.No. _____

Business Name: _____

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax No.: _____

Business Description: _____

Date Business Opened: _____ Is this a home-based business? _____ Yes _____ No

Resale No.: _____ Health Permit No. :(if applicable) _____

Business Type:

() Sole Proprietorship Social Security No.: _____

() Partnership () LLC () Corporation Federal Tax I.D. No.: _____

Corporation Name: _____

<u>Owner's Name</u>	<u>Title</u>	<u>Address</u>	<u>Telephone No.</u>

(Contractors skip to shaded area below)

Estimated Daly City Annual Gross Receipts:

\$ _____

Tax is based on gross receipts NOT net income or profit. Use tax worksheet to calculate applicable tax.

State Contractor's License Certification
 California State Contractor's License No.: _____ Classification(s): _____
 Daly City Job Location(s) _____
VALUATION OF JOB(S) IN DALY CITY (CURRENT YEAR) \$ _____

AMOUNT OF BUSINESS LICENSE TAX \$ _____

THE BUSINESS LICENSE TAX AND FEES ARE NONREFUNDABLE.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of owner or authorized agent

Date

