



# CITY OF DALY CITY

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

Phone: (650) 991-8088  
Fax: (650) 991-8267

## APPLICATION FOR BUSINESS LICENSE

*Office Use Only*

Lic. No. \_\_\_\_\_

Rev. Code \_\_\_\_\_

Sic Code \_\_\_\_\_

Census Tract \_\_\_\_\_

Fire Ins. Fee \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Resale No. \_\_\_\_\_

Business Description: \_\_\_\_\_

Is this a home-based business?  Yes  No

Date Business Opened: \_\_\_\_\_ ABC No.(if applicable) \_\_\_\_\_

FOR MEDICAL, REAL ESTATE, COSMOTOLOGY, ETC.: STATE LICENSE NO:(If applicable) \_\_\_\_\_

HEALTH PERMIT NO: (If applicable) \_\_\_\_\_

**Business Type:**

Sole Proprietor Social Security No. \_\_\_\_\_

Partnership Federal I.D. No. \_\_\_\_\_

Corporation Federal I.D. No. \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Owner's Name	Title	Address	Telephone No.

*(Contractors skip to shaded area below)*

Estimated 12-Month Gross Receipts For Tax Year: (SUBJECT TO AUDIT) \$ \_\_\_\_\_  
Calendar (  ) Fiscal (  )

**State Contractor's License Certification**

I have a valid California State Contractor's License in full force and effect, with the following classifications and license numbers: Classification(s) \_\_\_\_\_ Number(s) \_\_\_\_\_ Job Location(s) \_\_\_\_\_

**VALUATION OF JOB(S) IN DALY CITY** (CURRENT YEAR) \$ \_\_\_\_\_

**AMOUNT OF BUSINESS LICENSE TAX** (from rate schedule enclosed) \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date

