



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

**CITY OF DALY CITY
BUSINESS LICENSE TAX WORKSHEET
FOR THE LICENSE TAX YEAR BEGINNING OCTOBER 1**

To Calculate Tax:

New Business

Estimate Total Gross Receipts for a 12 Month Period \$ _____

Existing Business

Enter Total Gross Receipts for Last Full Business Year \$ _____

1. If Total Gross Receipts are \$100,000 or Less Your Tax is \$100

2. If Total Gross Receipts are \$100,001 or more

A. Enter Total Gross Receipts from above \$ _____

B. Multiply C. by .001 X _____ 0.001

C. Total Tax Due \$ _____

3. **Tax payment - Enter Calculated Amount (rounded to the nearest dollar) from Line 1 or Line 3C.** \$ _____

MINIMUM \$100 TAX IS NONREFUNDABLE

I declare under penalty of perjury that the above statement of Total Gross Receipts is true and correct.

Signature Name and Title (PLEASE PRINT) Date