



CITY OF DALY CITY

8839 N Cedar Ave #212 • Fresno, CA 93720
Attn: Compliance Review • (650) 407-1740

BUSINESS LICENSE TAX APPLICATION

Please Check One

New Application	<input type="checkbox"/>
Change of Owner	<input type="checkbox"/>
Change of Address	<input type="checkbox"/>
Change of Business Name	<input type="checkbox"/>
Home Occupation	<input type="checkbox"/>

OFFICIAL USE ONLY

BUSINESS TAX LICENSE NO. _____

EXPIRATION DATE _____

SIC CODE _____

PENALTIES _____

LICENSE FEE \$ _____

REGISTER DATE _____

CHECK NO. _____ CREDIT CARD

*Additional requirements may be assessed by the city if applicable to your type of business.

Business Name _____

Corporate Name (If Different) _____

Business Location (Not P.O. Box) _____

City _____ State _____ Zip _____

Will you be using a Service of Process Address? Yes No (If yes, please provide the address in the AB2184 box below)

Bus. Phone () _____ Bus. Fax () _____

Mailing Address (If Different) _____

City _____ State _____ Zip _____ Email Address _____

Start Date	Description of Business
***If this application is for a rental property, please complete the Supplemental Rental Form	

Ownership Corporation Limited Liability Corp. Sole Proprietor Partnership Trust

State Lic. No. _____ License Type _____ Expiration Date _____

Resale No. _____ Federal ID No. _____ Social Sec. No. _____

COMPANY CONTACTS - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Name _____ Title _____ Phone () _____

Mailing Address _____ Cell Phone () _____

City _____ State _____ Zip _____ Email Address _____

Name _____ Title _____ Phone () _____

Mailing Address _____ Cell Phone () _____

City _____ State _____ Zip _____ Email Address _____

AB2184 - Service of Process Address (If applicable)

Address _____ City _____ State _____ Zip _____

Additional Contact - In case I cannot be reached, please contact:

Name _____ Phone () _____

Mailing Address _____ Cell Phone () _____

City _____ State _____ Zip _____ Email Address _____

PLEASE PROVIDE THE INFORMATION BELOW AND SIGN

ENTER THE APPLICABLE INFORMATION BELOW FOR ALL YEARS DOING BUSINESS IN DALY CITY

I, the undersigned, do hereby declare the above information to be correct to the best of my knowledge. I understand that the classification(s) I have entered above are subject to verification by the City of Daly City and that my business license fee may be adjusted to the actual figure when the year's business is completed.

Signature _____ Date _____

Printed Name _____ Title _____

NOTICE: Under federal and state law, compliance with disability access laws 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 obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.ccda.ca.gov.

Annual Gross Receipts	Square Footage	No. of Employees
2020		
2021		
2022		
2023		
Estimated		
2024		

Remove

*Please attach proof of gross receipts. (ex: Schedule E, Profit & Loss, Income Statement)

Thank you for doing business in Daly City!