



# CITY OF DALY CITY

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

Phone: (650) 991-8088

Fax: (650) 991-8267

## APPLICATION FOR BUSINESS LICENSE

*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.: \_\_\_\_\_ ABC No.:(if applicable) \_\_\_\_\_

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

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

**Business Type:**

Sole Proprietorship       Partnership       LLC       Corporation

Federal Tax I.D. #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ CAID/CADL#: \_\_\_\_\_

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

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

*(Contractors skip to shaded area below)*

**Estimated Annual Gross Receipts:**

\$ \_\_\_\_\_

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

<p><b>State Contractor's License Certification</b></p> <p>California State Contractor's License No.: _____ Classification(s): _____</p> <p>Daly City Job Location(s) _____</p> <p><b>VALUATION OF JOB(S) IN DALY CITY (CURRENT YEAR) \$</b> _____</p>
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**AMOUNT OF BUSINESS LICENSE TAX \$** \_\_\_\_\_

**THE BUSINESS LICENSE TAX AND FEES ARE NONREFUNDABLE**

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**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

## Application for Business License Certificate

Please complete, sign and return with your payment

**NOTE TO APPLICANT:** Payment of a business tax does not relieve the applicant (business) of the requirement to comply with zoning, health, safety and other regulations of the City, State and Federal Government. The City may require inspection of the business location to ensure compliance with code requirements. All Federal, State, County and City license and permit numbers, applicable to the type of business being applied for, must be submitted to the Business License Division before the Certificate will be released.

If applicant's business mailing address is a residential address, that address will be subject to public disclosures unless applicant provides a different address (e.g. PO Box) where the applicant consents to receive service of process.

**The Certificate will be held for a minimum of 30 days from the date of application** to allow all Departments/Divisions time to review for compliance and to notify the applicant of any non-compliance found. *If after release of the certificate the business does not conform to all requirements, the certificate may be revoked.*

**Changes in business category/activity or significant changes in types of products sold or services offered must be reported to the Director of Finance of the City by submission of a new Business License form and processing of required clearances through other departments of the City.**

**THE BUSINESS LICENSE TAX AND FEES ARE NONREFUNDABLE.**

Although the City will make an effort to remind you of renewal requirements on a timely basis, **it is your responsibility to pay your Business License tax on time each year.**

For additional information please contact:

**Department of Finance**

**Business License Division**

333 - 90th Street

Daly City, CA 94015-1895

(650) 991-8088

**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: \$ 114.00

**OR**

2. If Total Gross Receipts are Greater Than \$100,000 Calculate Your Tax below:

A.	Enter Total Gross Receipts from above	\$	
	Multiply 2A. by .0011	x	0.0011
B.	Tax Due =	\$	
C.	State Fee (Required)*	+	4.00
D.	<b>Total Tax Due-</b> Enter calculated amount from Line 2B. + Line 2C.	\$	

**THE BUSINESS LICENSE TAX AND FEES ARE NONREFUNDABLE.**

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

Signature	Name and Title (PLEASE PRINT)	Date
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\*On September 19, 2012, Governor Brown signed into law Senate Bill 1186 which adds a state fee of \$1.00 on any applicant for a local business license or renewal. Effective January 1, 2013 this fee will be required from all new business licenses or renewals. **On and after January 1, 2018, through December 31, 2023, the one dollar (\$1) additional fee is increased to four dollars (\$4). Starting January 1, 2024, the amount will reduce to one dollar (\$1).** The purpose of the fee is to provide a funding source for increased disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with the federal and state disability laws.

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/home.aspx](http://www.dgs.ca.gov/dsa/home.aspx).

The Department of rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).

The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

CITY OF DALY CITY  
333 90<sup>TH</sup> STREET  
DALY CITY, CA 94015

DEPARTMENT OF FINANCE FORM

**BUSINESS LICENSE APPLICATION ( )**

**SOLICITORS PERMIT ( )**

(Print) Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Description of Applicant:**

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ D.O.B \_\_\_\_\_

Birth Place \_\_\_\_\_ Driver's License \_\_\_\_\_ SSN \_\_\_\_\_

Business Description \_\_\_\_\_  
.....

IF THIS IS FOR SOLICITORS PERMIT, PLEASE ANSWER THE FOLLOWING:

Kind of goods to be delivered \_\_\_\_\_

Method of delivery \_\_\_\_\_ Cash take on orders? Yes ( ) No ( )

Bond posted by whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
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If this permit is granted, I hereby agree to abide by all ordinances and police regulations of Daly City. I also certify that the waiver of fee for solicitation is based on the claimed exemption upon the ground that this business is regulated by interstate commerce, and agree to furnish required bond. NO SOLICITING IS ALLOWED AFTER DARK.

Soliciting permits are cleared by the police department and issued by the finance department after all City provisions are fulfilled. No soliciting is permitted within Daly City unless the permit clearance and issuance process is completed.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Application received by \_\_\_\_\_ Date permit issued/denied \_\_\_\_\_

Date permit expires \_\_\_\_\_ Police action \_\_\_\_\_

Warrant file check by \_\_\_\_\_ On \_\_\_\_\_