

OCT 02 2024



CITY OF DALY CITY

8839 N Cedar Ave #212 • Fresno, CA 93720
Attn: Compliance Review • (550) 407-1740

BUSINESS LICENSE TAX APPLICATION

Please Check One

New Application ☐
Change of Owner ☐
Change of Address ☐
Change of Business Name ☐
Home Occupation ☐

OFFICIAL USE ONLY

Business Name _____
Corporate Name _____
(If Different)
Business Location _____
(Not P.O. Box)
City _____ State _____ Zip _____

BUSINESS TAX LICENSE NO. _____
EXPIRATION DATE _____
SIC CODE _____
PENALTIES _____
LICENSE FEE \$ _____
REGISTER DATE _____
CHECK NO. _____ CREDIT CARD ☐

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 _____

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

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 _____	City _____ State _____ Zip _____	Cell Phone () _____
Name _____	Title _____	Phone () _____
Mailing Address _____	City _____ State _____ Zip _____	Cell Phone () _____
Name _____	Title _____	Phone () _____
Mailing Address _____	City _____ State _____ Zip _____	Cell Phone () _____
Name _____	Title _____	Phone () _____
Mailing Address _____	City _____ State _____ Zip _____	Cell Phone () _____
Name _____	Title _____	Phone () _____
Mailing Address _____	City _____ State _____ Zip _____	Cell Phone () _____

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.cdda.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!