



# CITY OF DEL MAR

1050 Camino Del Mar • Del Mar, CA 92014-2698  
Telephone (858) 755-9354 • Fax (858) 755-5335

Please Check One:

- NEW BUSINESS
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUSINESS NAME
- HOME OCCUPATION BUSINESS

## BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY: • FOR CITY USE ONLY •

Business Name \_\_\_\_\_  
(Include DBA)

Business Location \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
(If Different)

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

Bus. Phone ( ) \_\_\_\_\_ Bus. Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

BUSINESS LICENSE NO. \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_ CASH  CHECK

RECEIPT NO. \_\_\_\_\_

### CITY APPROVALS • SIGN & DATE

PLANNING DEPT: \_\_\_\_\_

Date: \_\_\_\_\_  APPROVED  DENIED

FIRE DEPT: \_\_\_\_\_

Date: \_\_\_\_\_  APPROVED  DENIED

Business Start Date: \_\_\_\_\_ Description of Business: \_\_\_\_\_

Wastes expected to be generated on site (e.g., food wastes, coolant, heavy metals.) \_\_\_\_\_

Ownership:  Corporation  Limited Liability Corp.  Partnership  Sole Proprietor  Trust  Limited Partnership

State Contractor Lic. No. \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Board of Equal. Sales No. \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_ State I.D. No. \_\_\_\_\_

### ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

Driver's License No./State \_\_\_\_\_ Social Security No. \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

Driver's License No./State \_\_\_\_\_ Social Security No. \_\_\_\_\_

### EMERGENCY CONTACT: (Person with building access)

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### ALARM COMPANY: (If applicable)

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ License No. \_\_\_\_\_

### NEW BUSINESS OPERATING IN DEL MAR:

Estimated Del Mar Gross Receipts from \_\_\_\_\_  
Opening Date through end of Calendar Year \$ \_\_\_\_\_

### EXISTING DEL MAR BUSINESS:

Total Gross Receipts from \_\_\_\_\_  
Jan. 1, (year) through Dec. 31, (year) \$ \_\_\_\_\_

### PLEASE CALCULATE TAX DUE USING WORKSHEET ON REVERSE SIDE, AND ENTER AMOUNTS BELOW:

License Tax \$ \_\_\_\_\_

Employee / Units / Vehicle Tax \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

No. of Units: \_\_\_\_\_ Business Square Feet: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ No. of Parking Spaces: \_\_\_\_\_

No. of Vehicles: \_\_\_\_\_ Vehicle License No. \_\_\_\_\_  
(Attach additional page if necessary)

I declare, under penalty of perjury, that the information in this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of the business license.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE SEE REVERSE SIDE FOR TAX SCHEDULE ➔



# CITY OF DEL MAR

## Business License Tax Schedule

Every person conducting or carrying on a commercial business activity within the City of Del Mar shall pay an annual license tax according to the categories below. (Del Mar Municipal Code, Title 5)

**Notice:** The issuance of a business license does not supersede the zoning, planning, or operating regulations found in the City of Del Mar Municipal Code (DMMC). Please check City regulations before applying for a business license. It is the business owner's responsibility to obtain all required permits. Conducting business without the required permits may result in a citation and/or fine. Please contact City Hall for more information regarding applicable regulations. The DMMC can also be found at [www.delmar.ca.us](http://www.delmar.ca.us).

Operations Permit: Use of Public Property  
Community Services Department (858) 755-1556

Planning Regulations and Zoning  
Planning Department (858) 755-9313

Operations Permit: Taxicab, Massage, and Holistic Health Practitioner  
Finance Department (858) 755-9354

### Gross Receipts Worksheet

**Step 1:** Enter amount of Gross Receipts. This amount must be entered before we can process application.

**Step 2:** Calculate amount due. See example below or call us for assistance at (858) 755-9354.

➔ **REMINDER:** *Estimated Gross Receipts must be filled out before we can process application.*

**Estimated Gross Receipts \$** \_\_\_\_\_

Annual Gross Receipts	Annual License Tax
First \$ 15,000.00 = \$ 30.00 _____	
Next 10,000.00 x 1.20/1,000 = _____	
Next 300,000.00 x .90/1,000 = _____	
Next 100,000.00 x .80/1,000 = _____	
Next 100,000.00 x .70/1,000 = _____	
Next 100,000.00 x .50/1,000 = _____	
Balance of receipts x .30/1,000 = _____	
<b>Total License Tax \$</b> _____	

#### EXAMPLE FOR CALCULATING AMOUNT DUE:

<b>Estimated Gross Receipts \$</b>	_____ 300,000.00
First \$15,000 =	\$ _____ 30.00
+ \$10,000 (10,000 x \$1.20/1,000) =	\$ _____ 12.00
+ \$275,000 (275,000 x \$.90/1,000) =	\$ _____ 247.50
<b>Total License Tax \$</b>	_____ 289.50

### Businesses in the following categories pay a flat tax:

<p><b>CATERERS</b> \$100.00 per year</p> <p><b>DANCE PERMIT</b> \$100.00 per year</p> <p><b>FAIRGROUNDS</b> <b>Individual Vendors</b> \$6.00 first day \$4.00 each day after (maximum of \$40.00)</p> <p><b>Horse Information</b> \$1,200.00 per year</p> <p><b>Promoters</b> \$100.00 plus 10% deposit on admissions tax</p>	<p><b>SERVICE BY VEHICLE</b> \$100.00 first vehicle \$50.00 each additional vehicle</p> <p><b>SOLICITOR'S PERMIT</b> \$20.00 per day / per person</p> <p><b>FILMING</b> Up to 10 cast and crew \$100.00 per day Over 10 cast and crew \$250.00 per day</p> <p><b>STILL PHOTOGRAPHY</b> Up to 10 cast and crew \$50.00 per day Over 10 cast and crew \$100.00 per day</p>
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### Businesses in the following categories pay for an Operations Permit plus a Business License:

<p><b>CERTIFICATE OF REGISTRATION: MASSAGE TECHNICIAN</b> No Fee plus a Business License (see Gross Receipts worksheet above) Annual No Fee Renewal Required plus Business License</p> <p><b>HOLISTIC HEALTH PRACTITIONER</b> Operations Permit (no fee) plus a Business License (see Gross Receipts worksheet above)</p> <p><b>MASSAGE ESTABLISHMENT OPERATIONS PERMIT</b> \$440.00 plus a Business License (see Gross Receipts worksheet above) Renewal \$375.00</p>	<p><b>TAXI STICKER</b>      <b>Valid January 1, 2012 to June 30, 2012</b></p> <p>\$ 59.00 Administrative Fee (New Applications) \$ 49.00 Administrative Fee (Renewals) \$ 25.00 Per Sticker plus Business License (See Gross Receipt Worksheet Above)</p>
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**Applications are available by mail, fax, or on our web site, [www.delmar.ca.us](http://www.delmar.ca.us)**  
**Office hours: Monday - Thursday, 7:30 a.m. to 5:30 p.m., Friday 7:30 a.m. to 4:30 p.m.**  
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