



CITY OF DEL MAR

1050 Camino Del Mar • Del Mar, CA 92014-2698
Telephone (858) 755-9354 • Fax (858) 755-2794

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, _____ through Dec. 31, _____
(year) (year)

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

License Tax \$ _____

Employee / Units / Vehicle Tax \$ _____

State Fee \$ _____

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.

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 = _____	
Total License Tax \$ _____	

EXAMPLE FOR CALCULATING AMOUNT DUE:

Estimated Gross Receipts \$ _____ 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
Total License Tax \$ _____ 289.50	

Businesses in the following categories pay a flat tax:

<p>CATERERS \$100.00 per year</p> <p>DANCE PERMIT \$100.00 per year</p> <p>FAIRGROUNDS Individual Vendors \$6.00 first day \$4.00 each day after (maximum of \$40.00)</p> <p>Horse Information \$1,200.00 per year</p> <p>Promoters \$100.00 plus 10% deposit on admissions tax</p>	<p>SERVICE BY VEHICLE \$100.00 first vehicle \$50.00 each additional vehicle</p> <p>SOLICITOR'S PERMIT \$20.00 per day / per person</p> <p>FILMING Up to 10 cast and crew \$100.00 per day Over 10 cast and crew \$250.00 per day</p> <p>STILL PHOTOGRAPHY 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>CERTIFICATE OF REGISTRATION: MASSAGE TECHNICIAN No Fee plus a Business License (see Gross Receipts worksheet above) Annual No Fee Renewal Required plus Business License</p> <p>HOLISTIC HEALTH PRACTITIONER Operations Permit (no fee) plus a Business License (see Gross Receipts worksheet above)</p> <p>MASSAGE ESTABLISHMENT OPERATIONS PERMIT \$440.00 plus a Business License (see Gross Receipts worksheet above) Renewal \$375.00</p>	<p>TAXI STICKER \$ 118.00 Administrative Fee (New Applications) \$ 98.00 Administrative Fee (Renewals) \$ 50.00 Per Sticker Plus Business License (Gross Receipt Worksheet Above)</p>
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Applications are available by mail, fax, or on our web site, 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.
1050 Camino Del Mar, Del Mar, CA 92014-2698 • (858) 755-9354