

1635 FARADAY AVENUE
CARLSBAD, CA 92008
(760) 602-2495
(760) 602-8553 fax

CITY OF CARLSBAD APPLICATION FOR BUSINESS LICENSE

PLEASE CHECK THIS BOX IF
HOME BASED BUSINESS

FEE SCHEDULE
ON REVERSE SIDE

BUSINESS NAME: _____ **BUSINESS PHONE:** (____) _____

OWNER OR CORP. NAME: _____

BUSINESS ADDRESS:
(No. P.O. Boxes or Personal Mail Boxes-PMB) _____
(Number) (Street) (Suite No.)

(City) (State) (Zip Code)

MAILING ADDRESS:
(If different) _____
(Number) (Street) (Suite No.)

(City) (State) (Zip Code)

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** (____) _____

TYPE OF ORGANIZATION: (Check One) **DATE BUSINESS STARTED IN CARLSBAD:** ____/____/____
SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

APPLICANT NAME/ADDRESS: (OWNER OR IF PARTNERSHIP/CORP, GIVE NAMES OF PARTNERS OR CORP. OFFICERS)

(TITLE)	(TITLE)	(TITLE)
(NAME)	(NAME)	(NAME)
(ADDRESS)	(ADDRESS)	(ADDRESS)
(CITY/STATE) (ZIP)	(CITY/STATE) (ZIP)	(CITY/STATE) (ZIP)
(PHONE)	(PHONE)	(PHONE)

TYPE OF BUSINESS: _____
(PLEASE BE SPECIFIC)

PROVIDE THE FOLLOWING WHERE APPLICABLE: E-MAIL ADDRESS: _____

STATE SALES TAX NUMBER _____ FEDERAL TAX I.D. NUMBER _____ CA DRIVERS LICENSE _____

STATE CONTRACTOR CLASS _____ STATE EMPLOYER IDENTIFICATION NUMBER _____ SOCIAL SECURITY NUMBER _____
LICENSE NUMBER

GROSS RECEIPTS LICENSE	
ESTIMATED GROSS RECEIPTS _____	
DIVIDE BY 1000 _____	/1000
SUB TOTAL _____	
MULTIPLY BY TAX RATE _____	x _____
SUBTOTAL _____	
ADD BASE FEE _____	+\$25.00
SUBTOTAL _____	
LATE PENALTY (25% to 50%) _____	
TOTAL _____	

FLAT FEE LICENSE	
AMOUNT _____	
ADDITIONAL TRUCKS @ 3/5 EA _____	
LATE PENALTY (25% to 50%) _____	
TOTAL _____	

PROFESSIONAL FEE LICENSE	
NO. OF PROFESSIONALS _____	
MULTIPLY _____	x \$50.00
SUBTOTAL _____	
LATE PENALTY (25% to 50%) _____	
TOTAL _____	

****MINIMUM LICENSE FEE IS \$30.00****

MAKE CHECKS PAYABLE TO: CITY OF CARLSBAD AND RETURN WITH APPLICATION

EXECUTED THIS _____ DAY OF _____, _____, I, _____
(Day) (Month) (Year) (Print full name)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE TITLE

OFFICE USE ONLY

License # _____ Exp. Date _____ SIC # _____ Charge Code _____ Bus. Location _____

GROSS RECEIPTS

BUSINESS LICENSE FEES FOR THE CATEGORIES LISTED BELOW ARE BASED ON ANNUAL GROSS RECEIPTS. THERE IS A BASE FEE OF \$25.00 PLUS THE AMOUNT CALCULATED PER EACH \$1000 ANNUAL GROSS RECEIPTS. GROSS RECEIPTS MUST BE ESTIMATED FOR ONE YEAR IN ADVANCE. IN NO EVENT SHALL THE LICENSE FEE BE LESS THAN \$30.00.

A = 40¢ PER THOUSAND

BEAUTY SALON/BARBER SHOP
 BEAUTY SCHOOL
 BOOKKEEPER
 BOTTLED WATER SERVICE
 COLLECTION AGENCY
 DANCING SCHOOL/TEACHER
 DESIGNER
 DRAFTSPERSON
 ELECTROLOGIST
 EMPLOYMENT AGENCY/SERVICE
 ESTHETICIAN/FACIALIST
 FAST FOOD RESTAURANT
 FINANCIAL/LOAN/MORTGAGE BROKER
 FUNERAL HOME
 FURNITURE REFINISHING
 HAIRDRESSER
 ILLUSTRATOR/COMMERCIAL ARTIST
 INSTRUCTOR
 INSURANCE CO.
 INTERIOR DECORATOR/DESIGN
 INTERPRETER/TRANSLATOR
 MANICURIST
 MUSIC SCHOOL/TEACHER
 PHOTOGRAPHERS
 PLUMBING & HEATING SALES
 RADIO STATION
 REPAIR/MAINTENANCE SERVICE
 ROCK & SAND
 SUN TAN SALON
 STOCK/BOND/SECURITY BROKERAGE
 TAILOR/DRESSMAKER
 UPHOLSTERY SHOP
 VIDEOTAPING

B = 35¢ PER THOUSAND

ADVERTISING/DISTRIBUTION
 AIRCRAFT SALES/RENTAL/REPR & SVC
 ANTIQUES/COLLECTIBLES
 AUTO GARAGE REPAIR
 AUTO PARTS/TIRES/TOWING
 AUTO RENTING/LEASING
 BAKERY/BREAD SHOP
 BUYING/RESELL SERVICE
 CANDY/NUTS/CONFECTIONARY
 CARPET/UPHOLSTERY CLEANING
 CLEANING/JANITORIAL
 COCKTAIL LOUNGE/TAVERN
 COLOR CONSULTANT
 CONSIGNMENT SHOP
 CRAFTS/HOBBIES
 DATA PROCESSING/KEYPUNCH

DAY CARE/NURSERY
 DELICATESSEN
 DELIVERY SERVICE
 EDUCATIONAL
 ENGRAVER
 ENTERTAINMENT/SHOWS
 EQUIPMENT/MACHINE LEASE & SALES
 EXERCISE/HEALTH SPA
 FLIGHT INSTRUCTOR/SCHOOL
 FLOOR COVERINGS
 GREETING CARDS
 HANDYMAN
 IMPORT/EXPORT SALES
 INVESTMENTS
 JUNK
 LANDSCAPE
 LAPIDARY SHOP
 LIQUOR STORE/BROKER
 MAIL BOX SERVICE
 MAIL ORDER
 MARKETING/MANUFACTURES REP
 MISCELLANEOUS
 MOVER
 MUSIC STORE/SUPPLIES
 PACKAGING
 PARTY PLAN SALES/DEMONSTRATION
 PET SHOP
 PRINTING/DUPLICATING
 PRIVATE TRANSPORTATION
 PUBLISHING
 RECREATIONAL
 RESTAURANT
 RESTAURANT & BAR
 RETIREMENT/NURSING HOME
 ROAD/CONCESSION STAND
 SECRETARY/OFFICE/ANSWERING SVC.
 SELLING IN THE FIELDS
 STORAGE
 SUPPLIES
 SWIMMING POOL SERVICE
 TELEMARKETING
 TOY STORE
 TRAVEL AGENCY
 VARIETY CONVENIENCE STORE
 WEED ABATEMENT

C = 30¢ PER THOUSAND

APPLIANCE STORE
 ARCADES/AMUSEMENT PARK
 AUTO DEALER
 AUTO SERVICE STATION
 BOARDING/ROOMING HOUSE
 BOOKSTORE
 BOWLING ALLEY
 CAR WASH/DETAILING
 CLOTHING/APPAREL STORE
 COIN-OPERATED LAUNDRY
 COMPUTER SALES/RENTALS
 CREAMERY (ICE CREAM/DAIRY)
 DEPARTMENT STORE
 DIAPER SERVICE
 DRAPERY/WINDOW
 DRUG STORE/PHARMACY
 FARM EQUIPMENT STORE
 FEED & ICE DEALER
 FLORIST/NURSERY
 FURNITURE STORE
 GIFT/NOVELTY/SOUVENIR
 GROCERY/FOOD/MEAT SALES
 HARDWARE STORE
 JEWELRY
 LAUNDRY/DRY CLEANERS
 LOCKSMITH/KEY SHOP
 LUMBER YARD/BUILDING
 MOBILE HOME PARK
 MOTEL/HOTEL
 MOTORCYCLE DEALER
 NURSERY/GARDEN SUPPLIES
 NUTRITIONAL PRODUCTS
 OFFICE SUPPLY STORE
 PAINT/GLASS/WALLPAPER
 PRODUCE/FRUIT STORE
 PUBLIC HALLS/ICE RINK
 RADIO/STEREO/TV SALES
 RENTALS — 2 OR MORE
 ROUTE DELIVERY
 SHOE STORE
 SPECIALTY STORE
 SPORTING GOODS STORE
 THEATER
 TOBACCO/PERIODICALS
 TRAILER/BOAT DEALER
 TRAILER CAMP/COURT
 VIDEO RENTAL/SALES

D = 20¢ PER THOUSAND

FARMER
 GROWER
 MANUFACTURER
 RANCHER
 WHOLESALER
 WAREHOUSE/ADDITIONAL OFFICE

SALES OR USE TAX MAY APPLY TO YOUR BUSINESS ACTIVITIES. YOU MAY SEEK WRITTEN ADVICE REGARDING THE APPLICATION OF TAX TO YOUR PARTICULAR BUSINESS BY WRITING TO THE NEAREST STATE BOARD OF EQUALIZATION AT:

**334 VIA VERA CRUZ
 SAN MARCOS, CA 92078**

(760) 510-5850

FLAT FEE LICENSES

PA

No fixed or Established Place of Business in Carlsbad — Mobile Units

WHOLESALER:

BASIC FEE \$20.00
 PER PERSON 2.00

RETAILER:

BREAD & BAKERY SUPPLIES \$ 80.00
 CATERING TRUCKS 80.00
 CONCRETE/ROAD MIX 100.00
 DAIRY & ICE CREAM 80.00
 DRY CLEANING 100.00
 LAUNDRY 100.00
 LINEN SERVICE 20.00
 MEAT DISTRIBUTOR 80.00
 PETROLEUM PRODUCTS (HOME) 20.00
 RETAIL BOTTLED WATER 80.00
 RETAIL ICE SUPPLY 80.00
 ROCK & SAND 100.00
 TRANSFER/DELIVERY 20.00
 WATER SOFTENER SERVICE 100.00
 SIMILAR NOT SPECIFIED 40.00

PB

PROFESSIONAL: \$50.00 Per Professional

ACCOUNTING/CPA
 APPRAISER
 ARCHITECT
 ATTORNEY AT LAW
 CHIROPRACTOR
 COMPUTER CONSULTANT
 CONSULTANT MISC.
 COUNSELING
 DENTIST
 DOCTOR
 ENGINEER
 PHYSICAL THERAPIST
 PODIATRIST
 PRIVATE INVESTIGATOR
 PROFESSIONAL — MISC.
 REAL ESTATE
 RESEARCH/DEVELOPMENT
 VETERINARIAN
 OPTOMETRIST

PC

CONTRACTORS:

GENERAL \$80.00
 SUB-CONTRACTOR 60.00
 SIGN PAINTER 30.00

OTHER: Call Office for Fees/Procedures

AUCTION MARKET
 AUCTIONEER
 AUTO WRECKING YARD
 BILLIARDS/CARD ROOM
 BINGO
 CABARET/DANCE
 COMMERCIAL MOTION PICTURES
 DISTRIBUTION OF ADVERTISEMENTS
 JUNK YARD DEALER
 LIMOUSINE SERVICE
 MASSAGE PARLOR
 MASSAGE TECHNICIAN
 PAWNBROKER
 PRIVATE SECURITY SERVICE
 PUBLIC UTILITY
 SPECIAL EVENT
 TAXI SERVICE

Business Name : _____

Business Address: _____

APPLICATION FOR BUSINESS LICENSE

-Supplemental Form-

This business license application does not authorize you to conduct business. You will be notified by the Finance Department when your application is approved. At that time, you will be furnished a business license number.

1. If this is a home-based business, please also complete a home-based business form, which can be acquired from the business license clerk.
2. If you intend to operate a business within the redevelopment area, you may need a Redevelopment Permit. Please contact a planner in Community Development at 760-602-4600, or call Redevelopment at 760-434-2815.
3. If you are planning to change or install a sign for your business, contact Community Development at 760-602-4610.
4. What is the total square footage your business occupies? _____

5. Will this business be involved in any of the following?:

Wood Working _____ Hazardous Processes _____ Warehouse _____ Flammable Liquids _____ Painting _____

6. Type of business (please check one) :

Wholesale _____ Retail _____ Manufacturing _____ Consignment _____ Service _____

7. Previous use of site (please be specific): _____

8. Number of employees (including self) : _____

9. Will there be sale of alcoholic beverages? _____

If yes: On Sale _____ Off Sale _____ Beer/Wine _____ Liquor _____

10. Landlord/Property owner
(commercial locations only): _____

Address: _____

OFFICE USE ONLY

Approvals: Building _____ Planning _____ Fire _____ Redevelopment _____

Comments: _____

