



CITY OF CARMEL-BY-THE-SEA
Administration Department
APPLICATION FOR DELIVERY LICENSE

P. O. Box CC
Carmel-by-the-Sea, CA 93921

Phone: (831) 620-2000
Fax: (831) 620-2004

Business Name: _____

Name of Principal(s)/Owner(s): _____

Ownership Type: Sole Corporation Partnership Limited Liability Corporation

REQUIRED: Federal ID#: _____ **or Social Security #:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) _____ (Home) _____ (Fax) _____
(Cell) _____ (E-mail) _____

For Contractors Only: State of California License #: _____ Type: _____

Proposed Use/Business Activities: Include a **detailed** description of the specific products or services you intend to offer: _____

I, THE UNDERSIGNED, UNDER PENALTY OF PERJURY, DEPOSE AND SAY THAT I AM THE APPLICANT FOR THIS BUSINESS LICENSE. THE INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THE ADMINISTRATIVE FEE IS NON-REFUNDABLE SHOULD I NOT PURSUE THIS APPLICATION, AND AFTER ONE YEAR I AM RESPONSIBLE TO PAY BUSINESS LICENSE TAXES ON ALL REVENUES COLLECTED WITHIN THE CITY LIMITS. THERE ARE NO REFUNDS.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Administration Fee/State ADA Fee \$52.65 Date Received: _____ Receipt # _____

Business License #: _____ ID # _____ Received By: _____

Issue Date: _____ Renewal Date: _____ Issued By: _____ Class: _____

Sticker #: _____ SIC Code #: _____ Class: _____ Mailed: _____

PLEASE COMPLETE OTHER SIDE

PROOF OF EMPLOYERS' WORKERS' COMPENSATION INSURANCE

State law requires that every employer who applies for a business license shall provide valid Workers' Compensation Insurance or proof of compliance with the State Labor Code. Accordingly, please respond to one of the following questions:

- I have and will provide a Certificate of Self-Insurance issued by the State Director of Industrial Relations.
- I have and will provide a Certificate of Workers' Compensation Insurance.
- I certify that, in the performance of work for which this license is issued, I shall not employ any person in any manner that is or will become subject to the Workers' Compensation laws of the State of California.

Printed Name

Signature of Applicant

Date

Title (Owner/Manager/Partner, etc.)

CITY OF CARMEL-BY-THE-SEA
P. O. BOX CC, CARMEL-BY-THE-SEA, CA 93921
(831) 620-2000

DELIVERY BUSINESS LICENSE APPLICATION WORKSHEET

Part 1: TRANSPORTATION OF PERSONS/GOODS TAX

A tax based on the number of vehicle trips for each vehicle per year as follows:

# of vehicle (s):	trips per year:	cost <u>per</u> vehicle:	
• _____	01 - 10	\$25.00 =	\$ _____
• _____	11 - 25	\$35.00 =	\$ _____
• _____	26 - 50	\$45.00 =	\$ _____
• _____	51 or more	\$60.00 =	\$ _____

NOTE: Stickers must be attached to driver's side of rear bumper. Vehicles and/or trucks with stickers absent will be cited.

Part 2: ADMINISTRATIVE FEE

An application/renewal fee for processing and related cost of issuing and renewing a Business License \$51.65. State ADA fee \$1.00

\$ **52.65**

TOTAL BUSINESS LICENSE TAX AND FEE DUE

\$ _____