



City of Alameda
Business License Application

• Business License Division •
 8839 N Cedar Ave #212, Fresno, California 93720
 PH (510) 250-1889 • FAX (909) 348-0465

OFFICIAL USE ONLY	
Business License No.	_____
Expiration Date	_____
NAIC Code	_____
Business Fee \$	_____
Check #	_____ <input type="checkbox"/> Credit Card

PLEASE TYPE OR PRINT WITH PEN

Business Name _____	Bus. Start Date _____
Corporate Name (if applicable) _____	<input type="checkbox"/> New Application <input type="checkbox"/> Change <input type="checkbox"/> Home Occupation
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>	Email Address _____
Mailing Address _____	State Sales Tax No. _____
Phone No. _____ Alt. Phone No. _____	Federal ID No. _____
Description of Business _____	State ID No. _____
	State License No. _____
	State License Type _____
	Expire Date _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____	Social Security No. _____
Home Address <small>(Cannot be P.O. Box)</small> _____	Driver's License No. _____
	Phone No. _____
	Email _____
2nd Owner Name _____ Title _____	Social Security No. _____
Home Address <small>(Cannot be P.O. Box)</small> _____	Driver's License No. _____
	Phone No. _____
	Email _____

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

THE INFORMATION BELOW MUST BE COMPLETED FOR YOUR BUSINESS LICENSE TO BE PROCESSED

The City of Alameda business license application has been updated in accordance with California Senate Bill No. 205. The primary Standard Industrial Classification (SIC) code, identifying the primary activity of your business, must now be provided with your renewal, and your subjectivity to the State's Industrial General Permit (IGP) must be evaluated as part of this process. Please complete section 2 in Page 2 to fulfill this new requirement.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____	Title _____
Address _____	Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

Business Tax Application Fees

CERTIFICATION AND ACKNOWLEDGEMENT

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Alameda Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License Certificate, it shall be my responsibility to renew the registration before the due date.

→ SIGN HERE

Signature of Owner or Representative _____

Title _____ Date _____

Thank you for doing business in the City of Alameda!

No. of Vehicles <small>(entering the City)</small> <input type="checkbox"/>	Estimated Gross Receipts <input type="checkbox"/>	No. of Units/Room <input type="checkbox"/>
No. of Employees <small>(entering the City)</small> <input type="checkbox"/>	No. of Sq Footage <input type="checkbox"/>	No. of Amusement Devices <input type="checkbox"/>

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.

RETURN APPLICATION BY MAIL TO:

City of Alameda - Business License
 8839 N. Cedar Ave #212
 Fresno, CA 93720-1832

SCAN & RETURN APPLICATION BY EMAIL TO:

alameda@hdlgov.com

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address

NPDES PERMIT PROGRAM, PURSUANT TO SB 205 - STORMWATER DISCHARGE

* If you are a business that is a regulated industry with storm water discharge requirements in accordance with the SB 205 NPDES permit program, please complete the following:

SIC # _____ **Permit #** _____

* Otherwise, please provide the following identification numbers:

Notice of Non-Applicability # _____ **OR** **No Exposure Certification #** _____

If you do not have an SIC number or a Permit number, or if you are unaware of the requirement, please contact the State Water Resources Control Board at www.waterboards.ca.gov/water_issues/programs/stormwater/contact.html. The State Water Resources Control Board will issue your "Water Discharge Identification Number", "Notice of Non-Applicability" identification number, or "No Exposure Certification" identification number.