



CITY OF ALAMEDA

FINANCE DEPARTMENT
2263 Santa Clara Avenue, Room 230
Alameda, CA 94501
(510) 747-4851

BUSINESS LICENSE APPLICATION

- OFFICIAL USE ONLY -

Business License No. _____
 Type _____
 Expiration Date _____
 Business Code _____
 Tax Code _____

FEE MUST ACCOMPANY APPLICATION - NON REFUNDABLE

• Please Check One •

Business Name/DBA _____
 Corporate Name _____
 (if applicable)
 Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)
 City _____ State _____ Zip _____
 Mailing Address _____ Website _____
 City _____ State _____ Zip _____ Email Address _____
 Public Phone No. _____ Fax No. _____

New Application
 Change of Owner
 Change of Address
 Change of Business Name
 Home Occupation

Bus. Start Date	Description of Business Activity

Ownership Corporation LLC Partnership Sole Proprietor Trust

Resale No. _____ Federal ID No. _____ State ID No. _____
 Contractor State License No. _____ State Lic. Type _____ Expire Date _____

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

1st Owner Name _____ Title _____
 Home Address _____
(Cannot be P.O. Box)
 Home Phone No. _____ Cell/Pager No. _____
 2nd Owner Name _____ Title _____
 Home Address _____
(Cannot be P.O. Box)
 Home Phone No. _____ Cell/Pager No. _____

PLEASE FILL IN APPROPRIATE BOXES

Estimated Gross Receipts for the first 12 months of operation

\$ _____

No. of Employees _____

CONTRACTORS

WILL YOU HAVE ANY OF THE FOLLOWING WORKERS IN ALAMEDA?

SUB-CONTRACTORS YES NO
 VENDORS YES NO
 ARCHITECTS YES NO

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____
 Address _____
 Phone No. _____ Cell/Pager No. _____

PROPERTY OWNERS / LANDLORDS

RENTALS No. of Rooms / Units _____

COMMERCIAL RENTAL No. of Sq. Ft _____

Purchase Date _____

PLEASE READ, SIGN AND DATE

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct.

Signature of Owner: _____
 Print Name: _____
 Title: _____ Date: _____

Thank you for doing business in the City of Alameda

PAYMENT MUST BE SUBMITTED WITH APPLICATION. NO BILL WILL BE SENT. CALCULATE PAYMENT BASED ON ATTACHED FEE SCHEDULE.

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/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

OFFICIAL USE ONLY

LICENSE FEE	\$	_____
PROCESSING FEE	\$	20.00
STATE CASp FEE	\$	1.00
BUSINESS IMPROVEMENT AREA FEE	\$	_____
TOTAL FEE	\$	_____