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 •

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

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.** _____

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.** _____

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

Contact Name _____

Address _____

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** ☐

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.ccda.ca.gov.

OFFICIAL USE ONLY

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