



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

Business License No.

BUSINESS LICENSE APPLICATION

FEE MUST ACCOMPANY APPLICATION - NON REFUNDABLE		<i>• Please Check One •</i>
Business Name/DBA _____		New Application <input type="checkbox"/>
Corporate Name _____ <small>(if applicable)</small>		Change of Owner <input type="checkbox"/>
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>		Change of Address <input type="checkbox"/>
City _____ State _____ Zip _____		Change of Business Name <input type="checkbox"/>
Mailing Address _____ Website _____		Home Occupation <input type="checkbox"/>
City _____ State _____ Zip _____		
Public Phone No. _____ Fax No. _____		
Bus. Start Date _____	Description of Business Activity _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		
Resale No. _____ FEIN / SSN _____		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)		PLEASE FILL IN APPROPRIATE BOXES
1st Owner Name _____ Title _____		Estimated Gross Receipts for the first 12 months of operation
Home Address _____ <small>(Cannot be P.O. Box)</small>		\$ _____
Home Phone No. _____ Cell/Pager No. _____		No. of Employees _____
2nd Owner Name _____ Title _____		CONTRACTORS
Home Address _____ <small>(Cannot be P.O. Box)</small>		WILL YOU HAVE ANY OF THE FOLLOWING WORKERS IN ALAMEDA?
Home Phone No. _____ Cell/Pager No. _____		SUB-CONTRACTORS YES <input type="checkbox"/> NO <input type="checkbox"/>
VENDORS YES <input type="checkbox"/> NO <input type="checkbox"/>		ARCHITECTS YES <input type="checkbox"/> NO <input type="checkbox"/>
In case of emergency, please contact (attach additional sheet, if necessary)		PROPERTY OWNERS / LANDLORDS
Contact Name _____		RENTALS
Address _____		No. of Rooms / Units _____
Phone No. _____ Cell/Pager No. _____		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: _____		
<i>Thank you for doing business in the City of Alameda</i>		
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 .		
LICENSE FEE		\$ _____
PROCESSING FEE		\$ 25.00
STATE CASp FEE		\$ 1.00
BUSINESS IMPROVEMENT AREA FEE		\$ _____
TOTAL FEE		\$ _____
OFFICIAL USE ONLY		