



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 _____ Corporate Name _____ <small>(if applicable)</small> Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> City _____ State _____ Zip _____		New Application <input type="checkbox"/> Change of Owner <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Home Occupation <input type="checkbox"/>
Mailing Address _____ Website _____ City _____ State _____ Zip _____ Email Address _____ Public Phone No. _____ Fax No. _____		
Business Start Date in Alameda	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>	No. of Employees in Alameda _____	
Home Phone No. _____ Cell/Pager No. _____	CONTRACTORS	
2nd Owner Name _____ Title _____	WILL YOU HAVE ANY OF THE FOLLOWING WORKERS IN ALAMEDA?	
Home Address _____ <small>(Cannot be P.O. Box)</small>	SUB-CONTRACTORS YES <input type="checkbox"/> NO <input type="checkbox"/>	
Home Phone No. _____ Cell/Pager No. _____	VENDORS YES <input type="checkbox"/> NO <input type="checkbox"/>	
In case of emergency, please contact (attach additional sheet, if necessary)		ARCHITECTS YES <input type="checkbox"/> NO <input type="checkbox"/>
Contact Name _____	PROPERTY OWNERS / LANDLORDS	
Address _____	RENTALS No. of Rooms / Units _____	
Phone No. _____ Cell/Pager No. _____	COMMERCIAL RENTAL No. of Sq. Ft _____	
PLEASE READ, SIGN AND DATE		Purchase 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.		OFFICIAL USE ONLY
Signature of Owner: _____	LICENSE FEE \$ _____	
Print Name: _____	PROCESSING FEE \$ 25.00	
Title: _____ Date: _____	STATE CASp FEE \$ 4.00	
<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.		BUSINESS IMPROVEMENT AREA FEE \$ _____
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 .		TOTAL FEE \$ _____