City of San Leandro

Business License Application

• Business Licensing Division •
8839 N Cedar Ave #212, Fresno, California 93720
PH 510-809-3133 • FAX (909) 348-0465
Apply Online Today At: sanleandro.hdlgov.com

OFFICIAL USE ONLY

Business License No. _____
Expiration Date _____
NAIC Code _____
License Fee $ _____
Check # _____ ☐ Credit Card

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ Bus. Start Date _____

Corporate Name (if applicable) _____ ☐ New Application ☐ Change ☐ Home Occupation

Email Address _____

Business/Rental Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

State Sales Tax No. _____

_____ Federal ID No. _____

Mailing Address _____ State ID No. _____

State License No. _____

_____ State License Type _____

Phone No. _____ Alt. No. _____ Expire Date _____

Description of Business _____

Ownership ☐ Corporation ☐ Corp-Ltd Liability ☐ Partnership ☐ Sole Proprietor ☐ Trust ☐ Non-Profit

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

1st Owner Name _____ Title _____ Driver's License No. _____

Home Address *(Cannot be P.O. Box)* _____ Other ID No. _____

_____ Phone No. _____

2nd Owner Name _____ Title _____ Driver's License No. _____

Home Address *(Cannot be P.O. Box)* _____ Other ID No. _____

_____ Phone No. _____

- Have you filed a Fictitious Business Name Statement? ☐ Yes ☐ No If yes, please attach copy of approved filed FNS.
- 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.

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

Name _____ Title _____

Address _____ Phone No. _____

_____ Cell Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

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 San Leandro Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the certificate before the end of the calendar year.

SIGN HERE

➔ _____
Signature of Owner or Representative

Title _____ Date _____

Thank you for doing business in the City of San Leandro

Business License Application Fees

SQ. Footage of Business	#	No. of Owners/Employees	#
No. of Residential Rental Units	#	Estimated Gross Receipts	$

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.ccda.ca.gov.

RETURN APPLICATION BY MAIL TO:
City of San Leandro - Business Licensing
8839 N. Cedar Ave #212
Fresno, CA 93720-1832

SCAN & RETURN APPLICATION BY EMAIL TO:
sanleandro@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