CITY OF EMERYVILLE
1333 PARK AVENUE, EMERYVILLE CA 94608
FINANCE@EMERYVILLE.ORG
(510) 596-4325

BUSINESS LICENSE APPLICATION

DEPARTMENTAL USE ONLY:

ACCOUNT #: _____

DATE: _____

CIRCLE ONE: NEW RENEWAL CHANGE OF: OWNERSHIP ADDRESS USE

BUSINESS NAME (30 CHARACTERS MAX): START DATE IN EMERYVILLE:

BUSINESS ADDRESS (NO PO BOXES): CITY/STATE/ZIP:

MAIL ADDRESS: CITY/STATE/ZIP:

BUSINESS PHONE: BUSINESS FAX:

CONTACT PERSON 1: PHONE: E-MAIL ADDRESS:

CONTACT PERSON 2: PHONE: E-MAIL ADDRESS:

DESCRIPTION OF BUSINESS ACTIVITIES:

(CONT.)

OWNERSHIP: ◯ INDIVIDUAL ◯ PARTNERSHIP ◯ CORPORATION ◯ LLC ◯ NON-PROFIT

OWNER 1/ AGENT FOR SERVICE OF PROCESS: TITLE:

ADDRESS: PHONE:

OWNER 2: TITLE:

ADDRESS: PHONE:

SALES TAX NO.:	FEDERAL TAX ID NO.:
STATE EMPLOYERS ID NO.:	SS# OR CDL#:
NAICS CODE:	SIC CODE:
NO. RENTAL UNITS:	CONTRACTOR LICENSE NO.:

BUSINESS TYPE: ◯ OFFICE ◯ RETAIL ◯ MANUFACTURING ◯ WAREHOUSE (SQ FT:_____) ◯ OTHER _____

NO. OF EMPLOYEES: FULL-TIME _____ PART-TIME _____

THE ABOVE INFORMATION IS REQUIRED BY THE CALIFORNIA STATE FRANCHISE TAX BOARD UNDER REVENUE & TAXATION CODE SECTION NO. 19286.8.

BUSINESS LOCATION: ◯ OWN ◯ RENT SQ FOOTAGE: _____

IF RENTED, INCLUDE LANDLORD INFORMATION:

NAME AND COMPANY:

ADDRESS: CITY: STATE: ZIP:

I declare, under penalty of perjury, that the information on this application is true and correct.

SIGNATURE: _____ TITLE: _____ DATE: _____

For Departmental use only:	Date of BOE verification:
	Date of Site visit:

Revised 08/14/19