



Emeryville Police Department
2449 Powell Street
Emeryville, California 94608
Phone: (510) 596-3700

VEHICLE FOR HIRE - PERMIT PROCESS

The City is now accepting new and renewal applications for **2015 Taxi Permits**. Renewal applications for fleets and drivers expire **December 31, 2014**. Renewal applications for fleet and drivers are due **November 15, 2014**. The Police Department will only accept complete applications *PLEASE NOTE: The Finance Division will not be able to accept business license fees until Friday, December 5, 2014*. The Application Forms are available on-line and can be accessed at [Emeryville.org](http://www.emeryville.org) under the Police Department's link. The Application Forms can also be obtained from the Finance Division or the Emeryville Police Department. It is highly recommended that you review the Ordinance for a complete understanding of the process at <http://www.codepublishing.com/ca/emeryville/> (accessing Emeryville Municipal Codes 4-8.1.1 – 4-8.2.8), as the following is simply a summary of a few provisions.

FLEET MANAGEMENT APPLICATION Telephone Number: (510) 596-3718

This form shall be submitted to the Emeryville Police Department, Professional Services Division. It is to be completed on behalf of the fleet or sole proprietor intending to operate in the City and will require additional information and supporting documents from previous years such as:

Non-Refundable Application Fee of \$215 & DATCO Testing Fee of \$52

- Each Taxi Company shall designate a Fleet Manager which will be the primary contact for the City.
- Certified Copy of a current and valid Fictitious Business Name Certificate/Statement.
- Each Company is limited to a total of **TEN (10)** permitted vehicles. The City will only issue a total of **ONE HUNDRED FIFTY (150)** vehicle permits for 2015 on a "First Come, First Serve Basis" based upon the vehicles listed on Fleet Management Applications that successfully pass the Taxicab Safety Inspection. Please ask EPD staff to time and date-stamp application upon receipt. Only those vehicles listed on the approved Fleet Management Application may seek a Taxicab Safety Inspection.
- Insurance must name the registered owner of the vehicle, fleet management permittee and any permitted taxi drivers for at least One Hundred Thousand Dollars for a combined single limit per accident. (See Section 4-8.1.8 for complete text on Insurance Requirements.)
- Drug & Alcohol Testing is required for all Drivers. Fleets with employees are required to pay for this test. Payment for this testing shall be submitted to the City in the form of a cashier's check or money order payable directly to DATCO in the amount of \$52. Personal checks will not be accepted. Fleet Managers will receive test results for their employees and must inform the City if a driver's permit should be pulled for a positive test.

Note: Every fleet management permittee shall notify the Chief of Police in writing of any change in the information originally supplied on the permit application form within ten (10) calendar days of any such change. Upon completion of the Fleet Management Application Process, companies are encouraged to immediately schedule their safety inspections to ensure receipt of the limited number of available permits.

TAXI PERMIT Telephone Number: (510) 596-3726 x3

You will be scheduled an appointment and notified by mail of your date and time for the Taxicab Safety Inspection. The following will be required:

- Non-Refundable Fee of \$50**

TAXI DRIVER'S PERMIT Telephone Number: (510) 596-3718

This form shall be submitted to the Emeryville Police Department, Professional Services Division. The following will be required:

Non-Refundable Application Fee of \$162 & Renewal Fee of \$115

- Drivers whose names were not listed on the Fleet Management Application must provide written acknowledgement from the Fleet Manager naming such drivers as employees under their Fleet Management Permit and acknowledging the Fleet Manager will ensure these drivers comply with the Taxicab Ordinance.
- All drivers must undergo Drug and Alcohol Testing pursuant to Section 4-8.1.6. Test results for independent drivers will be submitted directly to the Police Department.



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2449 Powell Street
Emeryville, California 94608
Phone: (510) 596-3700

FLEET MANAGEMENT APPLICATION

(If a field does not apply, write N/A for Not Applicable)
(Non-Refundable Application Fee: \$215)

| | |
|---|--------------------------|
| COMPANY NAME: | |
| BUSINESS ADDRESS: | |
| CITY: | STATE & ZIP: |
| PHONE: | |
| FEDERAL TAX IDENTIFICATION #: (If you have employees, you are required to provide a Federal I.D. number. If no employees, please provide a Social Security number.) : | |
| Please disclose all names, phone numbers, residences and business addresses, dates of birth and driver license numbers of all directors, officers, partners, owners and associates who directly or indirectly hold a financial interest. (Attach additional sheet(s), if needed.) | |
| NAME/TITLE: | PHONE #: |
| RESIDENT ADDRESS: | BUSINESS ADDRESS: |
| DATE OF BIRTH: | DRIVER LICENSE #: |
| Have you ever been arrested/convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, list all criminal convictions and arrest dates: | |
| NAME/TITLE: | PHONE #: |
| RESIDENT ADDRESS: | BUSINESS ADDRESS: |
| DATE OF BIRTH: | DRIVER LICENSE #: |
| Have you ever been arrested/convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, list all criminal convictions and arrest dates: | |
| NAME/TITLE: | PHONE #: |
| RESIDENT ADDRESS: | BUSINESS ADDRESS: |
| DATE OF BIRTH: | DRIVER LICENSE #: |
| Have you ever been arrested/convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, list all criminal convictions and arrest dates: | |

| | |
|---|-------------------|
| FLEET MANAGER NAME: | PHONE #: |
| RESIDENT ADDRESS: | BUSINESS ADDRESS: |
| DATE OF BIRTH: | DRIVER LICENSE #: |
| Have you ever been arrested/convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, list all criminal convictions and arrest dates: | |

FLEET INFORMATION: NUMBER OF VEHICLES OWNER WISHES TO OPERATE IN THE CITY OF EMERYVILLE: _____ (Limit is ten (10) vehicles.)

MOTOR VEHICLE LIABILITY INSURANCE: ATTACH A COPY OF YOUR INSURANCE POLICY, COMPLYING WITH MUNICIPAL CODE SECTION 4-8.1.8, NAMING AND INSURING THE REGISTERED OWNER OF EACH TAXICAB, FLEET MANAGER, ANY PERMITTED TAXI DRIVERS AND OTHERS OPERATING SUCH VEHICLES WITH CONSENT OF THIS COMPANY. *The policy will include the Insurance Company's name, address, phone number and policy number.*

LIST THE MAKE, MODEL, YEAR, MILEAGE & LICENSE PLATE # OF EACH VEHICLE BEING SUBMITTED TO OPERATE, ATTACHING A COPY OF THE CURRENT REGISTRATION:

| | MAKE/MODEL | YR | MILEAGE | LICENSE PLATE NUMBER |
|-----|------------|-------|---------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |

ATTACH THE FOLLOWING:
A PHOTO OF THE PROPOSED COLOR SCHEME FOR EACH TAXICAB, A CERTIFIED COPY OF YOUR CURRENT, VALID FICTITIOUS BUSINESS NAME CERTIFICATE, EVIDENCE OF PUBLICATION, AN AFFIANT OF PUBLICATION AND PROOF OF PAYMENT FOR THE BUSINESS LICENSE, FLEET MANAGEMENT PERMIT FEE AND TAXICAB PERMIT FEE FROM THE CITY OF EMERYVILLE

NUMBER OF EMPLOYEES: _____ List each employee's name, title, address, phone number, date of birth and driver license number: (Attach additional sheet(s), if needed.)

| | |
|--------------------------|--------------------------|
| EMPLOYEE'S NAME: | TITLE: |
| RESIDENT ADDRESS: | PHONE #: |
| DATE OF BIRTH: | DRIVER LICENSE #: |

| | |
|--------------------------|--------------------------|
| EMPLOYEE'S NAME: | TITLE: |
| RESIDENT ADDRESS: | PHONE #: |
| DATE OF BIRTH: | DRIVER LICENSE #: |

| | |
|--------------------------|--------------------------|
| EMPLOYEE'S NAME: | TITLE: |
| RESIDENT ADDRESS: | PHONE #: |
| DATE OF BIRTH: | DRIVER LICENSE #: |

| | |
|--------------------------|--------------------------|
| EMPLOYEE'S NAME: | TITLE: |
| RESIDENT ADDRESS: | PHONE #: |
| DATE OF BIRTH: | DRIVER LICENSE #: |

| | |
|--------------------------|--------------------------|
| EMPLOYEE'S NAME: | TITLE: |
| RESIDENT ADDRESS: | PHONE #: |
| DATE OF BIRTH: | DRIVER LICENSE #: |

RADIO DISPATCHING SERVICE (Attach licenses for the radio operations or name of contract radio dispatching service. Attach additional sheet(s), if needed.)

| | |
|--------------------------------------|-----------------|
| Describe dispatching service: | |
| Address: | Phone #: |

MANDATORY CONTROLLED SUBSTANCE & ALCOHOL TESTING:

COMPANIES WITH EMPLOYEES:

TESTING RESULTS OF NAMED DRIVERS WILL BE ISSUED DIRECTLY TO THE FLEET MANAGEMENT APPLICANT OR FLEET MANAGER. FLEET MANAGERS SHALL NOTIFY THE CHIEF OF POLICE OF ANY POSITIVE TEST RESULTS.

FLEETS ARE RESPONSIBLE TO PAY THE COST OF ALL INITIAL TESTING (see Govt. Code §53075.5(E)(3)(A) for more detail) FOR LISTED DRIVERS WITH FLEET MANAGEMENT PERMIT AND BUSINESS LICENSE FEES. A COPY OF THE RESULTS THAT THE DRIVERS HAVE TESTED NEGATIVE FOR DRUGS AND ALCOHOL THROUGH AN APPROVED LABORATORY MUST BE PROVIDED TO THE EMERYVILLE POLICE DEPARTMENT.

SELF-EMPLOYED DRIVERS:

TEST RESULTS WILL BE ISSUED DIRECTLY TO THE CHIEF.

I acknowledge that I have read, understand and am in compliance with Emeryville Municipal Codes 4-8.1.1 - 4.8.1.15.

I understand that I must notify the Chief of Police and/or his designee in writing of any change in the information supplied on this application within ten (10) calendar days.

The Emeryville Police Department shall conduct an investigation of this application and may issue a taxicab permit to the applicant within thirty (30) days of its receipt. I understand that any false statements will disqualify this application. I understand that the Chief of Police and/or his designee may make a recommendation to deny, suspend or revoke a permit if there are any violations of Local, State or Federal laws applicable to such business.

I understand that the Chief of Police and/or his designee may request any documents for inspection (i.e. waybills, dispatch logs, training records, complaints, etc.). I hereby consent to the access of such documents.

APPLICANT SIGNATURE:

TITLE: _____ DATE: _____

| | |
|------------------|----------------|
| PERMIT APPROVED: | PERMIT DENIED: |
|------------------|----------------|

EMERYVILLE POLICE NAME/SERIAL #:

DATE:

PATRICK O'CONNELL, Alameda County Clerk-Recorder
1106 Madison Street, Oakland, CA 94607
Telephone (510) 272-6362

FICTITIOUS BUSINESS NAME STATEMENT
PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTIONS 17900-17930

USE BLACK OR DARK BLUE INK ONLY

For current filing fees call (510) 272-6362, or visit our website at www.acgov.org.

FILE NUMBER: _____

DO NOT WRITE ABOVE THIS LINE

| PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM – TYPE OR PRINT LEGIBLY | | | | | | | | | | | | | |
|--|---|--|---|---|---|--|--|--|----------------------------------|--|--|--|--|
| A | FICTITIOUS BUSINESS NAME(S) * | | | | | | | | | | | | |
| B | Street Address of Principal Place of Business (P.O. Box <u>not</u> acceptable) ** City County State Zip | | | | | | | | | | | | |
| | Mailing Address (Optional) City County State Zip | | | | | | | | | | | | |
| C | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> ① Show full name of 1st Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) </td> <td style="width: 50%; padding: 5px;"> ② Show full name of 2nd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) </td> </tr> <tr> <td style="padding: 5px;"> ③ Show full name of 3rd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) </td> <td style="padding: 5px;"> ④ Show full name of 4th Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) </td> </tr> </table> | ① Show full name of 1st Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) | ② Show full name of 2nd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) | ③ Show full name of 3rd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) | ④ Show full name of 4th Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) | | | | | | | | |
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| ③ Show full name of 3rd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) | ④ Show full name of 4th Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.) | | | | | | | | | | | | |
| D | BUSINESS CONDUCTED BY: **** <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> an Individual</td> <td><input type="checkbox"/> Married Couple</td> <td><input type="checkbox"/> State or local registered domestic partners</td> <td><input type="checkbox"/> Co-partners</td> </tr> <tr> <td><input type="checkbox"/> a Joint venture</td> <td><input type="checkbox"/> a General partnership</td> <td><input type="checkbox"/> a Limited liability partnership</td> <td><input type="checkbox"/> a Trust</td> </tr> <tr> <td><input type="checkbox"/> a Corporation</td> <td><input type="checkbox"/> a Limited partnership</td> <td><input type="checkbox"/> a Limited liability company</td> <td></td> </tr> </table> (Check only 1 box) <input type="checkbox"/> an Unincorporated association other than a partnership | <input type="checkbox"/> an Individual | <input type="checkbox"/> Married Couple | <input type="checkbox"/> State or local registered domestic partners | <input type="checkbox"/> Co-partners | <input type="checkbox"/> a Joint venture | <input type="checkbox"/> a General partnership | <input type="checkbox"/> a Limited liability partnership | <input type="checkbox"/> a Trust | <input type="checkbox"/> a Corporation | <input type="checkbox"/> a Limited partnership | <input type="checkbox"/> a Limited liability company | |
| <input type="checkbox"/> an Individual | <input type="checkbox"/> Married Couple | <input type="checkbox"/> State or local registered domestic partners | <input type="checkbox"/> Co-partners | | | | | | | | | | |
| <input type="checkbox"/> a Joint venture | <input type="checkbox"/> a General partnership | <input type="checkbox"/> a Limited liability partnership | <input type="checkbox"/> a Trust | | | | | | | | | | |
| <input type="checkbox"/> a Corporation | <input type="checkbox"/> a Limited partnership | <input type="checkbox"/> a Limited liability company | | | | | | | | | | | |
| E | <input type="checkbox"/> The registrant has not yet begun to transact business using the fictitious business name listed above. <input type="checkbox"/> The registrant began to transact business using the fictitious business name(s) listed above on _____, **** <div style="text-align: right;">(Date)</div> | | | | | | | | | | | | |
| I declare that all information on this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of misdemeanor punishable by a fine not to exceed one thousand dollars [\$1,000].) | | | | | | | | | | | | | |
| NOTICE: In accordance with subdivision (a) of Section 17920, a fictitious name statement generally expires at the end of five years from the date on which it was filed in the office of the county clerk, except, as provided in subdivision (b) of section 17920, where it expires 40 days after any change in the facts set forth in the statement pursuant to section 17913 other than a change in the residence address of a registered owner. A new fictitious business name statement must be filed before the expiration. | | | | | | | | | | | | | |
| The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (see Section 14411 et seq., Business and Professions Code). | | | | | | | | | | | | | |
| SIGNATURE OF REGISTRANT _____ | | | | | | | | | | | | | |
| PRINT NAME _____ | | | | | | | | | | | | | |
| PRINT NAME OF PERSON SIGNING. PRINT TITLE IF REQUIRED (See back of form, Section F). | | | | | | | | | | | | | |
| THIS STATEMENT WAS FILED WITH THE CLERK-RECORDER OF ALAMEDA COUNTY ON THE DATE INDICATED BY THE FILE STAMP ABOVE. | | | | | | | | | | | | | |

SAMPLE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| | | |
|----------|---|--------|
| PRODUCER | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED | INSURER A: | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | |
|-----------------------------|-------------|--|---------------|----------------------------------|-----------------------------------|--|----------------------|--------|--------------------|----|----------------------------|----|-----------------------------|----|
| | | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATU-TORY LIMITS | OTH-ER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATU-TORY LIMITS | OTH-ER | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ | | | | | | | | | | | | | |
| | | OTHER | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

| | |
|--------------------|---|
| CERTIFICATE HOLDER | CANCELLATION |
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |



1333 PARK AVENUE, EMERYVILLE CA 94608

(510) 596-4325

DVINK@EMERYVILLE.ORG

ACCOUNT #: _____

DATE: _____

BUSINESS LICENSE APPLICATION

| | | | |
|-------------------------------------|---------|-------------------------------------|---------------|
| NEW | RENEWAL | CHANGE OF OWNERSHIP, ADDRESS OR USE | OTHER |
| BUSINESS NAME: | | | OPENING DATE: |
| MAIL ADDRESS: | | CITY: | STATE: ZIP: |
| CORPORATE PHONE: | | | |
| OLD BUS. ADDRESS: | | CITY: | STATE: ZIP: |
| BUSINESS PHONE: | | | |
| CONTACT PERSON: | | | BUSINESS FAX: |
| WEBSITE URL: | | E-MAIL ADDRESS: | |
| DESCRIPTION OF BUSINESS ACTIVITIES: | | | |
| (CONT.) | | | |
| (CONT.) | | | |
| (CONT.) | | | |
| NORMAL HOURS OF OPERATION: | | | |

| | | | | | |
|---|------------|-------------|-------------|--------|------------|
| OWNERSHIP: | INDIVIDUAL | PARTNERSHIP | CORPORATION | LLC | NON-PROFIT |
| OWNER 1 / AGENT FOR SERVICE OF PROCESS: | | | | TITLE: | |
| ADDRESS: | | | | PHONE: | |
| OWNER 2: | | | | TITLE: | |
| ADDRESS: | | | | PHONE: | |

| | | | |
|---|-------|--------|-------------------|
| BUSINESS LOCATION: | OWN | RENT | SQ FOOTAGE: _____ |
| IF RENTED, INCLUDE LANDLORD INFORMATION: | | | |
| NAME AND COMPANY: | | | |
| ADDRESS: | CITY: | STATE: | ZIP: |

| | |
|-------------------------|-------------------------|
| SALES TAX NO.: | FEDERAL TAX ID NO.: |
| STATE EMPLOYERS ID NO.: | SOCIAL SECURITY NO.: |
| NAICS CODE: | SIC CODE: |
| NO. RENTAL UNITS: | CONTRACTOR LICENSE NO.: |

| | | | | | |
|-------------------|------------------|------------------|---------------|--------------------------|--------------|
| NO. OF EMPLOYEES: | FULL TIME: _____ | PART TIME: _____ | | | |
| BUSINESS TYPE: | OFFICE | RETAIL | MANUFACTURING | WAREHOUSE (SQ FT: _____) | OTHER: _____ |

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

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

SIGNATURE: _____ TITLE: _____ DATE: _____

| | | |
|------------------|------------------|----|
| AB990: | YES DATE: _____ | NO |
| SCAN DATE: _____ | SEND DATE: _____ | |
| COMMENTS: _____ | | |