



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

DEPARTMENTAL USE ONLY:  ACCOUNT #: _____  DATE: _____
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**BUSINESS LICENSE APPLICATION**

<u>CHOOSE ONE:</u>	NEW	RENEWAL	<u>CHANGE OF:</u>	OWNERSHIP	NAME	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.)							
<u>OWNERSHIP:</u>	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: _____
<b>IF RENTED, INCLUDE LANDLORD INFORMATION:</b>			
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:



**CITY OF EMERYVILLE**  
**Finance Department**  
**1333 Park Avenue Emeryville, CA 94608**  
**(510) 596-4325**

### Residential Landlord Business License Application

Property Owner(s) Name: \_\_\_\_\_ Parcel Number(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

*(For additional parcels, attach separate sheet)*

Social Security or Federal  
 Employer I.D. Number: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Property Management Company (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

LIST THE ADDRESSES OF ALL RESIDENTIAL RENTAL UNITS OWNED BY YOU AND THE NUMBER OF UNITS AT EACH LOCATION. ATTACH ADDITIONAL PAGES IF NECESSARY.

<u>Address of Rental Unit</u>	<u>Number of Units</u>

<u>Computation of Business License Tax</u>	
Gross Receipts:	\$ _____
Tax Rate:	x .0010
<b>Total Tax Due (\$25.00 Minimum):</b>	<b>\$ _____</b>
Administrative Fee (New Licenses Only):	+ \$ 61.00
	+ \$ 4.00
Total Due:	\$ _____

\*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified. \*\*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 <https://www.dgs.ca.gov/DSA>, The Department of Rehabilitation at <https://www.dor.ca.gov/>. The California Commission on Disability Access at <https://www.dgs.ca.gov/CCDA>.

Please make check payable to the City of Emeryville and remit to:  
 City of Emeryville  
 Attention: Finance Department  
 1333 Park Avenue  
 Emeryville, CA 94608

I declare, under penalty of perjury, that this application has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of the facts.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Non-Owner Declaration**

Date \_\_\_\_\_

I hereby certify under penalty of perjury that I am not the owner of the property located at:

\_\_\_\_\_  
 (Property Address)

Parcel Number: \_\_\_\_\_ Date Sold: \_\_\_\_\_  
 (Attach separate sheet if required)

Name and Address of New Owner(s):

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete the form certifying that you are not the current owner of the subject property and return it within 15 days to:

City of Emeryville  
 Attention: Finance Department  
 1333 Park Avenue  
 Emeryville, CA 94608-3517

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



**CITY OF EMERYVILLE**  
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### Non-Rental Property Declaration

Date \_\_\_\_\_

To Whom It May Concern:

This is to certify that I, \_\_\_\_\_  
 (Names of Property Owner(s) listed on the deed)

the undersigned, do hereby declare under penalty of perjury, that I am the owner of record (the name(s) listed on the deed) or one of the owners of record of the following real property located in the City of Emeryville:

Street Address: \_\_\_\_\_, Emeryville, CA 94608

Parcel Number: \_\_\_\_\_, which is a \_\_\_\_\_  
 (Single family or multi-housing unit)

The residential unit is occupied by one or more owners of record and no portion of the property is rented or leased.

The property is occupied by: (name(s) of persons living in the residence)

\_\_\_\_\_  
 \_\_\_\_\_

In the future, should said real property no longer be owner-occupied and/or owned by the undersigned, I will notify the City of Emeryville within 30 days of the transfer. (Property owner must then comply with the City of Emeryville's Ordinance Section 3-1.101 and Section 3-1.102 of the Municipal Code):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

Please return within 15 days to:

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 Emeryville, CA 94608-3517