



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

DEPARTMENTAL USE ONLY: ACCOUNT #: _____ DATE: _____

BUSINESS LICENSE APPLICATION

<u>CIRCLE ONE:</u>	NEW	RENEWAL	<u>CHANGE OF:</u>	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.)						
<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: _____
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:



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
Total Tax Due (\$25.00 Minimum):	\$ _____
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: _____



CITY OF EMERYVILLE
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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
Finance Department
1333 Park Avenue Emeryville, CA 94608
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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:

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