



# 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](http://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** \_\_\_\_\_  New Application  Change  Home Occupation  
(if applicable)

**Business/Rental Location** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

**Mailing Address** \_\_\_\_\_ **State Sales Tax No.** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Alt. No.** \_\_\_\_\_ **Federal ID No.** \_\_\_\_\_

**Description of Business** \_\_\_\_\_ **State ID No.** \_\_\_\_\_

**Ownership**  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust  Non-Profit **State License No.** \_\_\_\_\_

**Expire Date** \_\_\_\_\_ **State License Type** \_\_\_\_\_

**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** \_\_\_\_\_ **Other ID No.** \_\_\_\_\_  
(Cannot be P.O. Box)

**2nd Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_

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

**Phone 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](http://www.dgs.ca.gov/dsa). The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) -The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.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](mailto: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