



City of Hayward Business License Application

777 B Street, Hayward, CA 94541-5077
T 510-583-4600 TDD 510-247-3340
www.hayward-ca.gov

Office Use Only
 New Change Exempt

Today's Date: _____ Date Business Started in Hayward: _____

Business Location (No PO Boxes)	Mailing Address (If Different)
Business Name: _____	Name: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
	Email: _____
Is this a residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Check here to receive renewals by email: <input type="checkbox"/>

OWNER INFORMATION (Required by §19286.8 of the Revenue and Taxation Code):

Ownership Type:	Business Owner/Corporation Head Information
<input type="checkbox"/> Individually Owned	<input type="checkbox"/> Owner/CEO <input type="checkbox"/> Partner Name
Social Security Number: _____	Name: _____
<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	Street Address: _____
FEIN: _____	City, State, Zip: _____
	Telephone: _____

BUSINESS TYPE - Describe in detail the nature of the business to be conducted:

Is this business: Commercial/Residential Rental Storage/Warehouse (No Sales) Wholesale
 Retail New Items Used Items Gold Items Manufacturing Office
 Service Food Sales or Manufacturing Other: _____

Average Number of Employees Working in Hayward: _____

Will the business include the sale, manufacture, or distribution of any of the following products?

Tobacco Products: YES NO Alcohol Products: YES NO Firearms: YES NO

Only answer this question if the business is a property rental:

Is there more than one address at location? YES NO If yes, number of units at location: _____

Do you own additional rental property in Hayward? YES NO

Contractor Information (if licensed under California Business and Professions Code §7033):

Contractor Name: _____ Classification: _____ Contractor License #: _____

Number of employees on the jobsite in Hayward: _____

Please see other side

Affidavit

I certify under penalty of perjury that the information provided on this form is true and correct. I understand that payment of this tax, its acceptance by the City, and the issuance of this Business Tax receipt does not entitle me or the business on behalf of which I have signed this affidavit to carry on any business unless that business complies with all applicable laws.

Executed on _____ at _____
Date City and State

Signature Print Name Title

FOR OFFICE USE ONLY

REVENUE DIVISION

VALID FROM _____ THROUGH _____

BUSINESS ACCOUNT #: _____

OWNER CID: _____ DBA CID: _____

BILL NUMBER: _____

BUSINESS TYPE CODE: _____

NAICS NUMBER: _____

Business Name Change
Business Address Change
Business Officer / Ownership Change
Previous License # _____

NOTES: _____

Tax Paid: \$ _____
Penalty: \$ _____
Excise Tax Basis _____: \$ _____
Excise Penalty: \$ _____
SB 1186 Fee: \$ 1.00
Technology System Fee: \$ 10.00
Application Fee: \$ 25.00
Maintenance: \$ _____
Planning: \$ _____
TOTAL TAX DUE: \$ _____

PERMIT CENTER

USE: _____

ZONING: _____

AUP/CUP REQUIRED? Y N

IF YES, PROJECT #: _____

NON-CONFORMING USE? Y N

OPEN CODE-ENFORCEMENT CASE? Y N

CODE-ENFORCEMENT HOLD? Y N

STAFF: _____

DATE/TIME: _____

NOTES: _____

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/Home.aspx.

The Department of Rehabilitation at www.rehab.cahwnet.gov.

The California Commission on Disability Access at www.cdda.ca.gov.