



Business License Application: Commercial

Please check one: [ ] New Application [ ] Change of Owner [ ] Change of Address [ ] Change of Business Name [ ] Daily/Itinerant BL

Corporate/Business Name: \_\_\_\_\_

Start of Bus. in Dublin (MM/YY): \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Location\*: \_\_\_\_\_

Business Fax: \_\_\_\_\_

\*Cannot be PO Box per State of CA Business & Professions Code Section 17538.5

Resale No.: \_\_\_\_\_

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

Federal ID No.: \_\_\_\_\_

If different from above

State ID No.: \_\_\_\_\_

Email\*: \_\_\_\_\_

CSLB No.: \_\_\_\_\_

\*By applying for a Business License, you are granting the City permission to use your email as a form of communication.

CSLB Type: \_\_\_\_\_

Description of Business: \_\_\_\_\_

CSLB Exp. Date: \_\_\_\_\_

Ownership Type: [ ] Corporation [ ] LLC [ ] Sole Proprietor [ ] Partnership [ ] Trust

1st Owner Name: \_\_\_\_\_

Driv. Lic.: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

DL State: \_\_\_\_\_

\*Cannot be PO Box

SSN\*: \_\_\_\_\_

\*SSN must be provided if no Federal ID is listed above

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

2nd Owner Name: \_\_\_\_\_

Driv. Lic.: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

DL State: \_\_\_\_\_

\*Cannot be PO Box

SSN: \_\_\_\_\_

\*SSN must be provided if no Federal ID is listed above

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

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

Alarm Co. Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

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

[ ] Please mark this box if you OWN your business space. If you RENT your business space, please provide the information/authorization below:

Own/Prop. Mgr.: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Own/Prop. Mgr. signature authorizing business use\*: \_\_\_\_\_

\*Letter from Own/Prop. Mgr. authorizing business use may be attached in place of acquiring signature above.

# of Employees: \_\_\_\_\_ Sq. Ft. of Bus. Space: \_\_\_\_\_ Operating Days/Hours: \_\_\_\_\_

Will business use/store/sell flammable, explosive, corrosive, hazardous materials?

[ ] Yes [ ] No

Will business use/store/sell alcohol?

[ ] Yes [ ] No

FEES\* DUE

\*Please see breakdown attached

Bus. Lic. Fee: \_\_\_\_\_

Penalty Fee: \_\_\_\_\_

Other Fee: \_\_\_\_\_

Senate Bill 1186 CASp Fee: \$4.00

TOTAL: \_\_\_\_\_

Business Owner/Represent. Signature \_\_\_\_\_ Date \_\_\_\_\_

CITY USE ONLY

Act. No.: \_\_\_\_\_ [ ] Approved [ ] Denied Entered in Eden (Initials): \_\_\_\_\_ Scanned (Init./Date): \_\_\_\_\_

## Commercial Business License Supplemental Questionnaire

This form must be completed by the prospective business owner in order to obtain a license for a business located in a commercial space within the City of Dublin. Please answer the following questions, then sign and date this form. **Should you have any questions, please contact the City of Dublin Planning Department at (925) 833-6610.**

Corporate/Business Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Current Zoning\*: \_\_\_\_\_ Previous Use: \_\_\_\_\_

\*Please contact Planning at (925) 833-6610 for Zoning

Yes  No Is the transaction with the Property Owner/Manager contingent on obtaining a Use Permit?

If YES, explain:

What are adjacent uses (side and rear)?: \_\_\_\_\_

What changes/improvements will be made to the building?:

Please mark this box if you will **PROVIDE PARKING** for your business and answer the questions below:

Yes  No Is there an existing parking lot?

Yes  No Will you share parking with other Uses?

Yes  No Will you provide parking for customers?

Yes  No Will you provide parking for employees?

If YES, how many spaces?: \_\_\_\_\_

If YES, how many spaces?: \_\_\_\_\_

Yes  No Will parking be on the same property?

If NO, explain: \_\_\_\_\_

Please mark this box if your business will **SERVE FOOD, DRINK AND/OR PROVIDE ENTERTAINMENT** and answer the questions below:

Proposed seating #: \_\_\_\_\_ Max. allowable capacity per Building Code: \_\_\_\_\_

Yes  No Will you provide outdoor seating? If YES, have you applied for a Site Development Review Waiver (SDRW)?  Yes  No

How will cooking odors be controlled? \_\_\_\_\_

Yes  No Will you provide live entertainment? If YES, please explain type: \_\_\_\_\_

Yes  No Will there be dancing? If YES, what size is your dance floor?: \_\_\_\_\_

Live  Recorded  Both Will there be live/recorded music? If YES, amplified to what level (Db): \_\_\_\_\_

How will sound control be kept adequate?: \_\_\_\_\_

Please note that no exterior amplified announcements or music are permitted per Section 5.28.020 of the Dublin Municipal Code.

Please mark this box if your business will **SERVE ALCOHOLIC BEVERAGES** and answer the questions below:

Yes  No Will you serve alcoholic beverages? If YES, have you applied for a license from the Dept. of Alcoholic Beverage Control?  Yes  No

Please mark this box if your business will **SELL TOBACCO PRODUCTS** and answer the questions below:

Yes  No Will you sell tobacco products? If YES, have you applied for a: Zoning Clearance Permit?  Yes  No

Tobacco Retailer License?  Yes  No

I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentations of submitted data may invalidate any approval of this application. I, the undersigned, understand that I am responsible for assuring that the business operates as described above and that to legally operate my business in the City of Dublin, I must adhere to the regulations set forth in the City of Dublin Municipal Code.

Business Owner/Represent. Signature

Print Name

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Date