



City of Hayward Business License Application

777 B Street, Hayward, CA 94541-5077
P. (510) 583-4600 F. (510) 583-3644
BusinessLicense@hayward-ca.gov
www.hayward-ca.gov

Office Use Only

New Change Exempt

Today's Date: ____/____/____

Date Business Started in Hayward: ____/____/____

Business Location (No PO Boxes):

Business Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Is this a residence? YES NO

Mailing Address (if different):

ATTN: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Check here to receive renewals by email :

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

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 or bottom of this form

Ownership Type:

Individually Owned

SSN/ITIN: _____

Partnership LLC Corporation

FEIN: _____

Other ID No. _____

Business Owner/Corporation Head Information

Owner/CEO

Partner Name

Name: _____

Street Address: _____

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 people working in Hayward (including the Owner): _____

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 Professional Code §7033):

Contractor Name: _____ Classification: _____ Contractor License # _____

Number of Employees on the jobsite in Hayward: _____ Job Start/End Dates: _____

Please see other side



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ONLY COMPLETE THIS FORM IF THE BUSINESS IS LOCATED WITHIN HAYWARD CITY LIMITS

1. **Is the business:** New Activity at Location Same Activity at Location New Owner
2. **Did you obtain a Use Permit to operate this business:** Yes, # _____ No
3. **How many persons do you estimate will be working at the Hayward location?** _____
4. **Do you plan to install any new signage or modify an existing sign?** Yes No
5. **What materials, if any, will be stored outside buildings**

6. Property Owner Information

Name: _____ Telephone: _____

Street Address: _____ City, State, Zip: _____

7. Private Patrol or Alarm Company (if applicable):

Name: _____ Telephone: _____

Note: All alarm users are required to obtain an Alarm User's Permit from the Hayward Police Department. Call (510) 293-7158 to receive information about the City's Alarm Ordinance.

8. Persons other than Business Owner to contact in case of emergency (24 hour contact):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

9. Persons other than Property Owner to contact in case of emergency (24 hour contact):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

10. Does your business require a state or federal permit or certification?

Yes No Unknown If Yes, indicate what is required _____

11. What are your planned hours of operation?

M: _____ Tu: _____ We: _____ Th: _____ F: _____ Sa: _____ Su: _____

12. Does the building where the business will operate have a fire sprinkler system? Yes No

13. Will your business operate any of the following places of assembly or care facilities?

- | | |
|--|---|
| <input type="checkbox"/> Day Care (9 or more children) | <input type="checkbox"/> Restaurant/Banquet Hall (more than 49 patrons) |
| <input type="checkbox"/> Care home | <input type="checkbox"/> Not Applicable |

14. Will flammable or combustible liquid be:

- | | |
|---|--|
| <input type="checkbox"/> Stored, handled or used | <input type="checkbox"/> Stored in tanks on premises |
| <input type="checkbox"/> Used in cleaning or dipping operations | <input type="checkbox"/> Not Applicable |

15. Will your business have any of the following on-site storage?

- | | |
|--|--|
| <input type="checkbox"/> Rack or pallet storage over 12' in height | <input type="checkbox"/> Area of storage over 2,500 square feet |
| <input type="checkbox"/> Free-standing storage over 15' in height | <input type="checkbox"/> Plastics in racks or pallet storage over 6' in height |
| <input type="checkbox"/> Not Applicable | |

16. Will any of the following processes occur in the facility?

- | | |
|---|---|
| <input type="checkbox"/> Vehicle repair | <input type="checkbox"/> Combustible fiber generation or storage |
| <input type="checkbox"/> Spray painting | <input type="checkbox"/> Liquefied Petroleum Gas storage or use |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Laboratory facility |
| <input type="checkbox"/> Tire-Capping or storage | <input type="checkbox"/> Dry-cleaning |
| <input type="checkbox"/> Dry Ovens | <input type="checkbox"/> Semi-conductor fabrication |
| <input type="checkbox"/> Wood working shop | <input type="checkbox"/> Electroplating/Metal Finishing |
| <input type="checkbox"/> Waste Handling/Recycling | <input type="checkbox"/> Process/Cook Goods and/or Utilize grease hoods |
| <input type="checkbox"/> Pharmaceutical manufacturing | <input type="checkbox"/> Not Applicable |

17. Will your business store, transport, or handle any of the following hazardous materials?

- | | | |
|---|--|---|
| <input type="checkbox"/> Acutely hazardous Mterials | <input type="checkbox"/> Fertilizers | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Carcinogens | <input type="checkbox"/> Flammable Gses | <input type="checkbox"/> Poisonous Gases/Liquids |
| <input type="checkbox"/> Combustible Liquids | <input type="checkbox"/> Flammable Liquids | <input type="checkbox"/> Radioactive Mterials |
| <input type="checkbox"/> Compressed Gases | <input type="checkbox"/> Flammable Solids | <input type="checkbox"/> Reactive Materials |
| <input type="checkbox"/> Corrosives | <input type="checkbox"/> Hazardous Wastes | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Cryogenes | <input type="checkbox"/> Other Regulated Materials | <input type="checkbox"/> Toxic/Highly Toxic Materials |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Organic Coatings | <input type="checkbox"/> Unstable Materials |
| <input type="checkbox"/> Extremely Hazardous Substances | <input type="checkbox"/> Oxidizers | <input type="checkbox"/> Not Applicable |

18. Will the business:

- Use water for any purpose other than landscape irrigation and sanitary services
- Use well water or water from sources other than the City of Hayward
- Discharge cooling water of any type into the municipal sewer system
- Discharge any waste other than from domestic sanitary services into the municipal sewer system

If any of the boxes are checked, explain: _____

19. 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. The payment of a license tax, and its acceptance by the City, and the issuance of such license to any person does not entitle the holder thereof to carry on any business unless he has complied with all of the requirements of the municipal Code and all other applicable laws, nor to carry on any business in any building or on any premises designated in such license in the event that such building or premises are situated in a zone or locality in which the conduct of such business is in violation of any law. I understand that home based businesses must comply with the requirements of the City of Hayward Municipal Code §10-1.3500.

Signature

Print Name

Title