



# 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\*\*\*

