



City of Dublin
 Community Development Department
 100 Civic Plaza | Dublin, CA 94568 | (925) 833-6610
 www.dublin.ca.gov/businesslicense

Business License Application: *Outside City*

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

Mailing Address: _____

Resale No.: _____

If different from above

Federal ID No.: _____

Email: _____

State ID No.: _____

Description of Business: _____

CSLB No.: _____

CSLB Type.: _____

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 are applying for a **DAILY/ITINERANT BUSINESS LICENSE** and please list the date(s) below:

Operation dates (maximum of 5 days): _____

I declare that all of the information provided is correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that any false statements made are grounds for denial or revocation of my business license.

Business Owner/Represent. Signature _____ Date _____

FEES* DUE	
<small>*Please see breakdown attached</small>	
Bus. Lic. Fee:	_____
Penalty Fee:	_____
Other Fee:	_____
Senate Bill 1186 CASp Fee:	\$4.00 _____
TOTAL:	_____

CITY USE ONLY			
Act. No.:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Entered in Eden (Initials): _____	Scanned (Init./Date): _____