



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

Business License Application: *Commercial*

Please check: 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: _____
 _____ Resale No.: _____
 _____ Federal ID No.: _____

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

Mailing Address: _____ State ID No.: _____
If different from above _____ CSLB No.: _____
 Email*: _____ CSLB Type.: _____

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

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*

Primary Phone: _____ Secondary Phone: _____ SSN*: _____
**SSN must be provided if no Federal ID is listed above*

2nd Owner Name: _____ Driv. Lic.: _____

Home Address*: _____ DL State: _____
**Cannot be PO Box*

Primary Phone: _____ Secondary Phone: _____ SSN*: _____
**SSN must be provided if no Federal ID is listed above*

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: _____

Authorization letter from Landlord Attached.

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

Is your business (select one)?
 Woman-Owned
 Minority-Owned
 Disabled-Owned
 LGBTQ+-Owned
 Veteran-Owned
 Prefer not to answer

With which race do you best identify with (select one)?
 African-American
 East Asian
 Hispanic
 Middle Eastern
 American Indian/Alaskan Native
 Pacific Islander
 South Asian
 White
 Prefer not to answer
 Other (please specify): _____

By checking this box, I certify that 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.

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

Print Name

Date