



City of Dublin
Community Development Department
100 Civic Plaza | Dublin, CA 94568

Submit an application online at www.dublin.ca.gov/BLapps
Contact: (925) 833-6610 or BLapps@dublin.ca.gov

Business License Application: Outside City

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: _____

*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.: _____

Description of Business: _____

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*: _____

Primary Phone: _____ Secondary Phone: _____

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

2nd Owner Name: _____

Driv. Lic.: _____

Home Address*: _____

DL State: _____

*Cannot be PO Box

SSN: _____

Primary Phone: _____ Secondary Phone: _____

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

Emergency Contact: _____

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): _____

[] 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.

FEES* DUE

*Please see breakdown attached

Bus. Lic. Fee: _____

Penalty Fee: _____

Other Fee: _____

Senate Bill 1186 CASp Fee: \$4.00

TOTAL: \$ _____

Print Name _____ Date _____

CITY USE ONLY

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