



# City of Hayward Business License Application

777 B Street, Hayward, CA 94541-5077  
T 510-583-4600 TDD 510-247-3340  
www.hayward-ca.gov

**Office Use Only**  
 New  Change  Exempt

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Business Started in Hayward: \_\_\_\_/\_\_\_\_/\_\_\_\_

| Business Location (No PO Boxes)   | Mailing Address (If Different)                                    |
|---|---|
| Business Name: _____  | ATTN: _____   |
| Street Address: _____   | Street Address: _____   |
| City, State, Zip: _____   | City, State, Zip: _____   |
| Telephone: _____  | Telephone: _____  |
|   | Email: _____  |
| Is this a residence? <input type="checkbox"/> YES <input type="checkbox"/> NO | Check here to receive renewals by email: <input type="checkbox"/> |

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

| Ownership Type:  | Business Owner/Corporation Head Information                              |
|--|--|
| <input type="checkbox"/> Individually Owned  | <input type="checkbox"/> Owner/CEO <input type="checkbox"/> Partner Name |
| Social Security Number: _____  | Name: _____  |
| <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation | Home Address: _____  |
| FEIN: _____  | 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 Professions Code §7033):

Contractor Name: \_\_\_\_\_ Classification: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

Number of employees on the jobsite in Hayward: \_\_\_\_\_ Job Start/End Dates: \_\_\_\_\_

\*\*\*Please see other side\*\*\*

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.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date City and State

\_\_\_\_\_  
Signature Print Name Title

**FOR OFFICE USE ONLY**

**REVENUE DIVISION**

VALID FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

BUSINESS ACCOUNT #: \_\_\_\_\_

OWNER CID: \_\_\_\_\_ DBA CID: \_\_\_\_\_

BILL NUMBER: \_\_\_\_\_

BUSINESS TYPE CODE: \_\_\_\_\_

NAICS NUMBER: \_\_\_\_\_

Business Name Change

Business Address Change

Business Officer / Ownership Change

Previous License # \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax Paid: \$ \_\_\_\_\_

Penalty: \$ \_\_\_\_\_

Excise Tax Basis \_\_\_\_\_: \$ \_\_\_\_\_

Excise Penalty: \$ \_\_\_\_\_

SB 1186 Fee: \$ 4.00

Technology System Fee: \$ 10.00

Application Fee: \$ 25.00

Maintenance: \$ \_\_\_\_\_

Planning: \$ \_\_\_\_\_

**TOTAL TAX DUE:** \$ \_\_\_\_\_

**PERMIT CENTER**

USE: \_\_\_\_\_

ZONING: \_\_\_\_\_

AUP/CUP REQUIRED?  Y  N

IF YES, PROJECT #: \_\_\_\_\_

NON-CONFORMING USE?  Y  N

OPEN CODE-ENFORCEMENT CASE?  Y  N

CODE-ENFORCEMENT HOLD?  Y  N

STAFF: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:**

**The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx).**

**The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).**

**The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).**



# City of Hayward

## Hayward Based Business Information Form

777 B Street, Hayward, CA 94541-5077

T 510-583-4600 TDD 510-247-3340

www.hayward-ca.gov

### **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: \_\_\_\_\_ W: \_\_\_\_\_ 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?

- Day care (9 or more children)
- Restaurant/Banquet Hall (More than 49 patrons)
- Care home
- Not Applicable

14. Will flammable or combustible liquid be:

- Stored, handled or used
- Stored in tanks on premises
- Used in cleaning or dipping operations
- Not Applicable

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

- Rack or pallet storage over 12' in height
- Area of storage over 2,500 square feet
- Free-standing storage over 15' in height
- Plastics in rack or pallet storage over 6' in height
- Not Applicable

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

- Vehicle repair
- Combustible fiber generation or storage
- Spray Painting
- Liquefied Petroleum Gas Storage or Use
- Welding
- Laboratory Facility
- Tire-Capping or Storage
- Dry-Cleaning
- Dry Ovens
- Semi-Conductor Fabrication
- Wood-Working Shop
- Electroplating/Metal Finishing
- Waste Handling/Recycling
- Process/Cook Goods and/or Utilize Grease Hoods
- Pharmaceutical Manufacturing
- Not Applicable

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

- Acutely Hazardous Materials
- Fertilizer
- Pesticides
- Carcinogens
- Flammable Gases
- Poisonous Gases/Liquids
- Combustible Liquids
- Flammable Liquids
- Radioactive Materials
- Compressed Gases
- Flammable Solids
- Reactive Materials
- Corrosives
- Hazardous Waste
- Solvents
- Cryogenics
- Other Regulated Materials
- Toxic/Highly Toxic Materials
- Explosives
- Organic Coatings
- Unstable Materials
- Extremely Hazardous Substances
- Oxidizers
- 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