



CITY OF SAN LEANDRO
 Finance Department
 835 East 14th Street, San Leandro, California 94577
 (510) 577-3468 or 577-3392

Business License Fee
 See Fee Schedule

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT WITH PEN	OFFICIAL USE ONLY
Business Name _____	Business License No. _____
Corporate Name (if applicable) _____	APN# _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17638.5)</small>	Bus. Start Date _____
	<input type="checkbox"/> New Application <input type="checkbox"/> Change
	State Sales Tax No. _____
Mailing Address _____	Federal ID No. (IRS) _____
	State ID No. (EDD) _____
	State Contractor Lic. No. _____
Phone No. _____ Alt. No. _____	Expire Date _____
Description of Business _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____	Soc. Sec. No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	Home Phone No. _____
	Cell / Pager No. _____
2nd Owner Name _____ Title _____	Soc. Sec. No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	Home Phone No. _____
	Cell / Pager No. _____

- Have you filed Fictitious Business Name Statement? Yes No /Date Filed? _____
- Rentable square footage of building? _____
- If business is being purchased, please complete the following:
 From Business Name: _____ From Bus. Lic. #: _____

Property Owner

Name _____

Address _____

Phone No. _____

→
 Property Owner Signature _____ Date _____

Property Management

Name _____

Address _____

City, State, Zip _____

Phone No. _____

CERTIFICATION AND ACKNOWLEDGEMENT

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the San Leandro Municipal Code. I understand that the filing of this application and payment of fees does not entitle me to commence or carry on any business in the City of San Leandro until said Business License is approved and issued. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 31st.

SIGN HERE

→ _____
 Signature of Owner or Representative

Title _____ Date _____

***SB 1186 - 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.
 * The Department of Rehabilitation at www.rehab.cahwnet.gov.
 * The California Commission on Disability Access at www.cdda.ca.gov.

Base Fee plus ***SB 1186 - \$1 (required for each license)	_____
Unit Fee \$ _____ X _____ # of _____ owners + _____ emp	_____
Zoning fee	_____
BID Fee if Applicable	_____
TOTAL AMOUNT DUE	_____

Please make CHECK PAYABLE TO CITY OF SAN LEANDRO.
 Thank you for doing business in the City of San Leandro.

PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION

CITY OF SAN LEANDRO

Planning Services Division, Community Development Department
(510) 577-3325

Zoning Fee
See Fee Schedule

LARGE FAMILY DAY CARE ZONING APPROVAL

PLEASE TYPE OR PRINT LEGIBLY

Zoning Code Requirements Section 2-516C (1) through (5)	• Please Complete • Your Property	Planning Division's Inspection
1. Lot Size. Interior Lot: 5,000 sq. ft. Corner Lot: 6,000 sq. ft.	Area: _____ sq. ft. Lot Width: _____ sq. ft. Lot Depth: _____ sq. ft.	
2. Distance between Large Family Day Care Homes: 300 Feet	_____ feet	
3. Continuous on street parking in front of home: 32 feet minimum	_____ feet	
4. Minimum curb-to-curb street width: 30 feet	_____ feet	
5. Traffic lanes: Not permitted on streets with 4 or more lanes	No. of traffic lanes: _____	
6. Average daily traffic flow: Not permitted on streets with 5000 ADT (Average Daily Traffic) or greater	Contact Transportation Division 577-3428 _____ ADT	
7. Number of Children		
8. Number of Employees		
9. Number of off-street parking spaces, including the garage		
10. Parking and Circulation Plan	Please attach a neat, accurate and scaled drawing with this application.	

State License # _____ Date Issued _____

Date: _____ Operator's Signature: _____

OFFICIAL USE ONLY

Zoning District _____ Current Land Use _____

COMMENTS _____

- This property meets all the criteria required by Section 2-516-C of the San Leandro Zoning Code. Zoning Approval is hereby granted.
- This application does not comply with one or more of the standards set forth in Subsection 2-516C (1) through (5) of the San Leandro Zoning Code. An Administrative Exception is required (Section 2-516D).

Zoning Enforcement Official Signature

Date

• PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION •